POSTABORTION
FAMILY PLANNING COUNSELING

TRAINER'S HANDBOOK

Republic of Turkey Ministry of Health
General Directorate of MCHFP

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Overwiev of the Training Program

Purpose

The purpose of this training program is to initiate and strengthen postabortion family planning services in health care facilities providing abortion services. The health care providers will be informed about postabortion family planning and they will be assissted for designing the daily services during the training. The new or restructured services will be strengthened with follow-up visits.

Trainers

This training program is given by trainers certified by the Ministry of Health or other institutions authorized by the Ministry. Trainers with such characteristics from inside or outside the health facility may also participate as trainers in the training. Also health care providers who are not trainers may also be used as resource person for some technical subjects.

Training Site

This training is designed as an on-site training. The training workshop is conducted in the health facility. By this way, the services provided by the facility are not disturbed and the cost of the workshop is minimized. Another advantage is that health care providers take the training in a real environment (face to face with the realities of their workplace). This especially ensures being realistic when reflecting what is learned in the training to service provision.

Duration of Training

While the workshop may be conducted for full 3 days, it may also be spread to a longer time frame. By this way, most of the health care providers may attend the training without delaying their services.

Participants

Specialists, general practitioners, nurses, midwives, medical technologists and psychologists may attend this training program. The service providers who are expected to provide these services are given priority and these should comprise the majority of the participants. Among these are the providers from *Family Planning Polyclinic/Clinic, Gynecology Polyclinic/Ward, and Septic Service/Minor Surgery Room.* Moreover, managers and other personnel who may benefit from the information may participate as listeners in some sessions (like Introduction Session and Presentation of the Action Plan).

Contents of the Training Package

Postabortion Family Planning Counseling Training package comprise of the following materials:

- Trainer's Handbook (Curriculum)
- Participant's Handbook
- Transparencies/Slides

A Programmatic Approach for Trainers

Selection of The Training Site

This training program is designed for health facilities providing abortion services. These can be inpatient treatment facilities like hospitals and maternities as well as other health facilities providing these services (like Maternal Child Health and Family Planning Centers with an ob/gyn). The most important element assuring the success of the training is motivated managers. During the meetings before the workshop with the managers of facilities it can be understood if they are motivated or not.

Planning of Workshop

The trainers should ensure ***active participation of managers*** to the workshop planning process. During the meetings before the workshop, trainers and managers of the facility observe the records of abortion and family planning services. These visits are good opportunities for initiating exchange of ideas between staff and managers and creating a positive atmosphere. Head doctor, related deputy head doctors (Family Planning Polyclinic/Clinic, Gynecology Polyclinic/Ward, Septic Service/Minor Surgery Room, other manager or doctors responsible from induced abortion services and in-service training), head nurse and when necessary nurses responsible from certain wards should play an active role during the planning process.

The timing of the training should be organized in such a way not to effect the services provided in the facility. The periods when the number of staff are less (holidays, vacations, etc) should not be preferred. It may be necessary to reorganize shifts for assuring high number of participants. The workshop sessions should be on hours when the work load of providers is less. Busy polyclinic hours, shift changing times may disturb the training as well as causing less participation. The duration of the training may be changed according to the hours allocated for sessions allocated daily for the training.

The selection of participants should be made by the managers of the facility, the trainers should play a guiding role. As the service which is wished to be provided is postabortion family planning counseling and services, the participation from the unit where induced abortion is perfomed and from the family planning clinic should be as high as possible. While selecting the participants, the trainings they had received (like in-service family planning training, IUD insertion training, etc), their experince and skills should be taken in to consideration.

The room to be used for the workshop is determined with the related staff of the health facility, the necessary steps are taken for providing the training materials (from inside or outside of the facility) which will be used during the workshop. The "U" way of sitting is appropriate for this training. Flipchart, overhead projector, VCR and television are used during the workshop. The GATHER video tape and enough number of "Updated Information on Family Planning Serivces" handbook to be distributed to the participants are prepared in advance. If tea/coffee breaks are to be given the necessary arrangements are made at this stage.

According to the knowledge and skills level of participants it may not be necessary to use all modules of the curriculum. The views of the managers as well as the observations of the trainers determine the decision on this issue.

Conducting the Training

The trainer's handbook is prepared to aid the trainer during the workshop. Together with each trainer's handbook there are transparencies and slides to be used during the workshop. Moreover, the GATHER video tape is used during the workshop. A participant's hanbook is given to each participant.

The structure of The Curriculum

This curriculum consists of 9 modules.

Module 1 and *Module 2,* aims to create the appropriate training environment. Module 1 includes activities like introduction, pretest, objectives and comparison of expectations. In Module 2 the rationale for postabortion family planning is explained. It is suggested that Module 1 and 2 be conducted with the health facility staff, so that what is acquired in the training will be more easily reflected to service provision and a supportive and positive atmosphere in the facility is created.

In *Modules 3, 4 and 5,* Counseling, Values and Attitutes and Communication are covered respectively. As all of these three modules are taken and adapted from *Family Planning Counseling: A Curriculum Prototype,* the subjects are covered from a general family planning perspective.

In *Modules 6 and 7* the characteristics of postabortion women and postabortion family planning counseling are discussed.

In *Module 8* involving men in postabortion family planning counseling is discussed.

In *Module 9* infection prevention in family planning is rewieved.

In *Module 10* an "Action Plan" is prepared. The objective is preparing a plan in order to reflect the information, skill and attitudes acquired throughout the workshop to service provision. During this process the participants evaluate the service they provide in their units and investigate what they can do for postabortion family planning and how they can improve the services they provide. It is suggested all staff and managers of the facility participate in the meeting when the prepared action plans are presented.

In the beginning of each module information about the module is given under the titles **Objectives, Time** and **Advance Preparation**. In *Objectives* the information and skills participants will acquire at the end of the module are stated. *Time* shows the amount of time the module will take when the module is covered as suggested. Here the shortest and longest duration according to the number of participants are stated. When the number of participants are less (approx. 10 people) the bottom limits, and when the number of participatns is high (more than 25) the upper limits are valid. Moreover the duration of the module can get longer or shorter according to the types of training techniques selected. In *Advance Preparation* the trainer is reminded about the training materials for that module and about the preparation of any written materials.

The modules have several number of steps (sub sections). Following the above titles is a **Table** showing the steps of the module. Content of each step, estimated time, training techniques and special aids needed are stated in this table.

Workshop Principles:

- Participatory training tecniques suggested in this curriculum or similar ones should be used.
- Throughout the workshop all participants should be encouraged to participate.
- Throughout the workshop priority should be given to "Quality of Care", how this curriculum and and each module are reflected to quality of care should be discussed.
- The participants should be asked to give examples from their work and these examples should be discussed.
- The content of the training should be adapted according to the knowledge and skills level of participants.

Training Evaluation

In order to *evaluate the performance of participants* the test presented in Module 1 is given in the beginning and at the end of the workshop. The aim of giving a pretest in the beginning is to have an idea of information and skill level of participants and to have a reference for the post test. Deatiled suggestions are presented in the Introduction Module. The post test may also be given at any time during the training when seen necessary. When names are not asked to be written on tests, participants can answer more comfortably. Moreover, similar evalautions can be made by asking questions orally or written while covering the modules.

For *evalaution of the training process* **"Daily Feedback Forms"** are filled in by participants at the end of each workshop day (See App.1). By telling the participants not to write their names on the form, they are encouraged to state all their positive and negative ideas as objective as possible. Furthermore, participants are asked to fill in the **"Training Evaluation Form**" at the end of the training without stating their names, so that their unbiased opinion can be taken. The trainers should make the participants feel that they are open to all written and oral evaluations and suggestions throughout the workshop.

Follow-up

The most important step in *transforming the acquired information during the training to services* is follow-up. Follow-up is performed by trainers by visiting the facility. During these visits the trainers assess how much of the training is reflected on service provision; which of the acquired information and skills (family planning counseling to abortion cleints, provision of family planning methods, infection prevention, recording, data collection, referral and use of IEC materials) are used, where shortcomings and problems are, where there is need for asisstance and how much do the staff and managers adapted to this new approach of care. One way of performing this assessment is to review the action plan prepared at the end of the workshop with the participants and see where they stand. Other than the action plan service records also give quite a good idea about this. Another way of assessment is to talk with staff and managers and to give them an opportunity to make a self assessment. A last way is to talk with clients and investigate to what extend they receive family planning counseling and services. The staff can also participate in this and have a chance to evaluate themselves. During the training and as well as follow-up visits the participants should be encouraged to make self assessments with the help of the action plan. They should be reminded that the action plan can be used for identifying problems of other services, providing solutions and obtaining results.

DAILY FEEDBACK FORM

Date:

1. Do you think that today's session was beneficial?

No A little Very

Please explain:

2. Was today's sessions easy to understand?

Yes Partly No

Please explain:

3. How are trainers doing their jobs?

Insufficient Medium Good Very good

Please explain:

4. The most important thing I learned today…

5. A point I still am not sure about...

6. What are your suggestions for improvement?

MODULE 1 Introduction

Objectives

By the end of this module, participants should be able to:

- Describe the general objectives for the workshop.
- List their expectations from the workshop.

Time

60 minutes

Advance preparation

- Decide which of the exercises to use at which step.
- Duplicate the pretests.
- Write the general objectives of the workshop on flipchart.
- Write the uncompleted sentences in Step 3 on flipchart paper.
- Prepare and duplicate a schedule that shows the starting time and location of each session. Include the names of modules to be covered.

ESTIMATED TIME	CONTENT	TRAINING TECHNIQUES	SPECIAL AIDS NEEDED
15 minutes	Introduction of trainers and participants	Partners exercise or alternative exercise (Name game)	None
20 minutes	Pretest		Pretests
10 minutes	Objectives	Small group study	None
5 minutes	Structure and schedule	Lecture	Workshop schedule (1 copy for each participant)
2 minutes	Workshop logistics	Lecture	None
5 minutes	Workshop norms	Discussion	None
3 minutes	Participant's Handbook		Participant's Handbook (1 copy for each participant)

Step 1 Introduction of trainers and participants

Introduce yourself and the trainers. Lead one of the warm up activities listed below.

PARTNERS **Introduce Your Partner**

EXERCISE

Pair each person in the workshop, including trainers, with a person to his or her right or left. Ask them to spend 5 minutes sharing information with each other on

- Where they are from
- Where they work and what their job is
- What their professional training is
- How they use or will use counseling in their work

After the five-minutes period, each participant should briefly introduce his or her partner to the other participants.

ALTERNATIVE EXERCISE **The name game**

1. The first person introduces herself: “I am Zeynep”.
2. The next person introduces the first person and himself: “This is Zeynep and I am Ahmet”.
3. The third person introduces the first two and herself, and so on, until the last person introduces everyone in the group.

If someone is stuck on a name, encourage the group to help that person by giving a hint so things move quickly and easily.

FOLLOWING THE GAME

Outline the objectives for the module . Tell participants that they will:

- Become familiar with the workshop logistics, objectives, and schedule.
- Work together to develop norms for the workshop.
- Have an opportunity to express their expectations for the workshop.

Step 2 Pretest

Before distributing the pretest to the participants emphasize that it is not an exam and that no one will be evaluated with grades. Explain that the aim of this test is to identify subjects to be given priority to. Tell the participants not to write their names on the tests. Distribute the tests and give 20 minutes.

Step 3 Objectives-Expectations

Explain the general objectives of the workshop, which you have written in advance on flip-chart.

By the end of this workshop participants should be able to:

- Explain why abortion and family planning services need to be provided together.
- List counseling steps.
- List types of communication.
- Define feelings and needs of abortion clients.
- List the 3 subjects to be mentioned in family planning counseling given pre-abortion.
- Explain the timing of postabortion FP methods.
- List the infection prevention steps.
- Prepare an action plan showing how they can improve the services they provide.

Explain participants that these are general objectives and it is important that the training meets their needs.

Find out what the participants expect from the workshop, through the activity below. If a questionnaire including questions on training was sent to participants before hand, briefly discuss the findings before doing the activity below.

SMALL GROUPS

Participants' Expectations

Ask each participant to write responses on a blank sheet of paper to the following statements which you have written on flipchart in advance.

1... In this workshop, I expect to develop the following skills about family planning counseling: _____

_____

2... The most important benefit I hope to get from this workshop is:

_____

_____

3. This workshop will help me in my job because _____

_____

For this exercise divide participants into small groups of 3-5 and ask them to share their answers and compile a common list.

DISCUSSION **Participants' Expectations**

As each group reports back to the class, record each new response on flipchart, without repeating those that have been stated already, and discuss whether the workshop will meet participants' expectations. Indicate how the workshop can be adapted to meet participant' needs.

- Tell participants that these expectations will be a useful checkpoint during the training and that you will look at these at the end of the workshop.

If the workshop cannot cover all of the information and skills requested, tell participants that you will let them know how and where they can get further information in those skills and topics that are not covered. Hang the flipchart on a wall where everyone can see and keep it there until the end of the training.

Explain participants:

- Through exercises and role plays, they will have many opportunities to try out and improve skills.
- Participation is the key to the workshop's success.
- They should consider each other, as well as the trainers, as resources.

Step 4 Workshop Structure and Schedule

LECTURE **Workshop Structure**

Explain the general structure of the workshop:

- The training begins with key counseling concepts, such as free and informed choice.
- Skills are introduced in approximately the same sequence as they are used in counseling sessions. For example, building rapport and creating a good climate for counseling are presented early in the workshop, because these skills are needed the moment client walks in the door; skills related to client follow-up are presented near the end of the training. Thus the development of skills follows a natural sequence, while skills that were learned earlier are continually reinforced.
- The workshop progresses from the general to the specific. Early modules are relevant to counseling for all family planning methods. Later modules focus on clients who have special concerns or needs and induced abortion clients. At the end of the training, you will

explore how to best use your skills upon return to your service sites.

Distribute the workshop schedule to the participants.

Step 5 Workshop Logistics

Inform participants on:

- Starting and ending times each day
- Lunch and break arrangements
- Whom to see about problems and needs

Answer any questions participants may have about logistics.

Step 6 Workshop Norms

DISCUSSION Developing Workshop Norms

Ask participants to develop norms and rules for the workshop. Write their responses on flipchart paper. Give one or more of the following examples to get the group started:

- Punctuality at sessions
- Not smoking in the meeting rooms
- Raising one's hand to speak
- Following the schedule
- Respecting confidentiality of written and oral comments.

Discuss the norms until the whole group agrees. Suggest any appropriate norms that you feel have not been brought up, including norms for trainers (for example, finishing the sessions on time).

Step 7 Participant's Handbook

Distribute the "Participant's Handbook" and introduce participants its modules and content.

MODULE 2 Rationale

Objectives

By the end of this module, participants should be able to:

- Define the current situation of postabortion family planning services in Turkey.
- Explain why abortion and family planning services need to be integrated.

Time

30 minutes

Advance Preparation

- Flipchart paper, marker
- Overhead projector
- Transparencies

ESTIMATED TIME	CONTENT	TRAINING TECHNIQUES	SPECIAL AIDS NEEDED
15 minutes	Scope of The Problem	Lecture	None
15 minutes	Abortions in Turkey	Lecture	None

Step 1 Introduction

Review the objectives with the participants.

Step 2 Scope of The Problem

Give this session as a lecture.

Although contraceptive prevalence rates have increased dramatically in the last thirty years, an estimated 26-30 million abortions are still performed annually worldwide (Henshaw and Morroy 1990). Those abortions that are unsafe – performed by untrained practitioners working in unhygienic conditions – are responsible for between 50,000 – 100,000 preventable deaths of women each year (World Health Organization, 1993). Most of this mortality occurs in the developing world (see Table 1)

Table 1

Global and Regional Estimated Risk of Death from Unsafe Abortion

Region	Number of Unsafe Abortions (1,000s)**	Number of Deaths from Unsafe Abortion**	Case fatality per 100 Unsafe Abortions	Risk of Death
World Total	20,000	70,000	0.4	1 in 300
More Developed Countries*	2,340	600	0.03	1 in 3,700
Less Developed Countries	17,620	69,000	0.4	1 in 250
Africa	3,740	23,000	0,6	1 in 150
Asia *	9,240	40,000	0.4	1 in 250
Europe	260	100	0.04	1 in 2,600
Latin America	4,620	6,000	0.1	800'de 1
Ocenia*	20	<100	0.2	1 in 400
USSR (former)	2,080	500	0.03	1 in 3,900

Figures may not add to totals due to rounding.

* Japan, Australia and New Zealand have been excluded form the regional estimates, but are included in the total for developed countries.

** Based on 1990 United Nations projections of births.

Source: World Health Organization. *Abortion: A Tabulation of Available Data on the Frequency and Mortality of Unsafe Abortion*, 2nd edition. Geneva: WHO, 1993.

The high number of women who resort to unsafe abortion is a powerful reminder that women need access to a wide range of family planning methods (Salter et al. 1996). The fact that so many number of women risk death, injury and social or criminal consequences to terminate a pregnancy demonstrates clearly how desperately these women wish to delay or avoid having children. In the action plan of the International Conference on Population and Development 1994 it says: "women with complications of abortion should be able to reach quality services".

Women who have undergone abortion and are risk of another unwanted pregnancy represent an important group with unmet family planning needs. Although significant advances in the availability of family planning services have been in the recent years, services are still only marginally available in many regions. These services are often of low quality and are not designed and delivered in a way that responds to the interests and needs of the women and men who use them.

Family planning programs that seek to help all women who wish to avoid additional unwanted pregnancies will help reduce needless, preventable deaths caused by unsafe abortion.

ABORTIONS IN TURKEY

While the problem in the world is "unsafe abortion", in Turkey the problem is "repated abortions" because of not having enough access to family planning services.

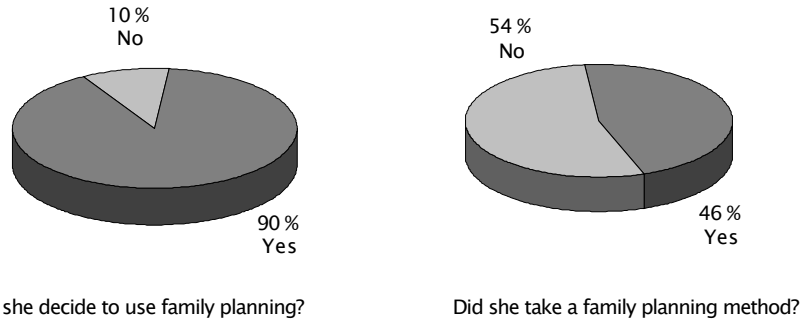
In 1983 induced abortion of pregnancies up to 10 weeks became legal with the law number 2827. In the following years, although the number of induced abortions increased, it gradually decreased afterwards and today 97% of induced abortions are perfromed in safe settings. In Turkey induced abortion rate is 87 in 1000 women, 179 in 1000 pregnancies and 254 versus 1000 live births.

Even though family planning services are widespread in Turkey as in the world, there are still quite a high number of abortions. According to Turkey's policy, induced abortion is not a type of family planning. 1993 Turkish Demoghraphic and Health Survey found out that 13% of women had more that 1 abortion. In the light of this, we can say that these women see abortion as a type of family planning method.

However, we should remember the fact that postabortion family planning services in Turkey are not provided in an integrated way. Actually to establish this integration between abortion and family planning services is the ethical responsibility of health care providers.

1994 Situation Analysis Study of Selected Reproductive Health Services in Turkey found that 90% of women want to use a method postabortion while only 46% leave the facility with a method (Figure 1).

Figure I Postabortion Family Planning Usage



Did she decide to use family planning?

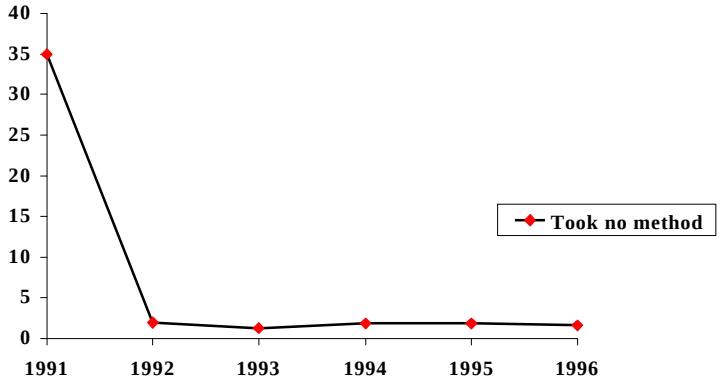
Did she take a family planning method?

Source: TSARHS

According to 1993 TDHS findings, following the month after abortion 39% of women are not using a method. When the previous contraceptive use of women who had induced abortions is investigated, it is seen that 60% of pregnancies that end with induced abortions were caused by a method failure; and the major method which failed is withdrawal (68%). When the family panning method used 3 months after abortion is looked at, it was seen that in private and public sector 34,4% and 36,7% respectively again used a traditional method.

In fact, when sufficient attention is paid, family planning and abortion services can successfully be integrated. For example the percentage of women leaving the facility with a family planning method rised to 98% in Zekai Tahir Burak Maternity following the comprehensive postabortion family planning porgram initiated in 1991 (Figure 2)

Figure 2 Dr. Zekai Tahir Burak Maternity Postabortion Family Planning Statistics



Source: Hospital Statistics

Another similar success was seen in Izmir Konak Maternity. Husband's consent which is legally obligatory for induced abortion was used as an opportunity to give couseling to both husband and wife, so it was possible to reach men. As a consequence of this counseling 42 % of men who had vasectomy in this facility said they heard about this method during the counseling session. 8 % of men had vasectomy the day their wife had abortion.

MODULE 3 Introduction to Counseling

Objectives

By the end of this module, participants should be able to:

- Describe the basic rights of clients.
- Define free and informed choice.
- Describe four kinds of communication used in family planning: motivation, information giving and counseling.
- Describe the purpose of counseling.
- Describe the counselor's role in ensuring free and informed choice.
- List personal qualities, skills, and knowledge needed to be a good counselor.
- Lists steps of counseling (GATHER).
- Describe the counselor's role in assuring clients' rights and contributing to quality of care.

Time

1 hour 35 minutes- 2 hours 35 minutes

Advance Preparation

- Write the four points about the meaning of free and informed choice on flip chart paper (see step 3).
- Turn the flip chart paper so the widest part is at the top, and copy the table showing the types of family planning communication (see Step 4).
- Prepare the GATHER videotape and write the GATHER acronym on flipchart (see Step 8)

ESTIMATED TIME	CONTENT	TRAINING TECHNIQUES	SPECIAL AIDS NEEDED
10 - 25 minutes	Quality of Care and Clients' Rights	Visualization Partners exercise	None
5 - 10 minutes	Free and Informed Choice	Discussion	None
10 - 20 minutes	Types of Family Planning Communication	Exercise	None
10 minutes	The Purpose of Counseling	Discussion	None
10 - 20 minutes	The Counselor's Role in Ensuring Free and Informed Choice	Discussion Case Studies	None
10 - 20 minutes	Characteristics of Family Planning Counselors	Brainstorming Lecture	None
35 - 40 minutes	The Basic Steps of Counseling	Viewing of Videotape Lecture	Video cassette player, monitor, GATHER videotape
5 - 10 minutes	Assuring Clients' Rights and Contributing to Quality of Care	Discussion	None

Step 1 Introduction

Review the objectives with participants.

Explain:

- This module will introduce some of the terms and concepts that will be used throughout the remainder of the workshop, since it is important for the group to have common definitions. A clear understanding of these terms and concepts will lay the groundwork for succeeding modules.

Step 2 Quality of Care and Clients' Rights

VISUALIZATION Experiences

Ask participants to close their eyes for a few moments. Speaking in a slow and pleasant voice and pausing between each question, say to participants:

- Remember the last time that you went to visit the doctor, or to a health clinic.
  - What was your experience like?
  - Did you have to wait a long time, or were you seen right away?
  - Were the doctors and nurses courteous, or did you find them to be rushed or rude?
  - Were all your concerns taken care of, or did you leave with some questions or worries?
- Now, reflect on this experience, or another one you had or imagined in the past.
  - What is it that makes a visit for health care a positive experience in the past?
  - How would you like to be treated?

PARTNERS EXERCISE Feeling well cared for

Tell participants:

- You can open your eyes now. Pair up with the person sitting next to you. Take about 5 minutes to describe to the other the two most important factors that make you feel well cared for.

After the partners have completed their discussions, ask participants to volunteer their responses. Write them on flipchart paper, avoiding duplication of responses.

Explain participants that every one of us has different opinions about quality of care. This list on flipchart reminds us of aspects of quality of care that clients who come to us might also appreciate.

Being able to empathize with clients by putting ourselves in their situations, as we have just done is a useful way to check whether we are treating others as we ourselves would like to receive.

Post the flipchart to a wall everyone can see and ask participants to look at it throughout the training – to measure up if they are delivering the counseling services they would like to receive.

DISCUSSION **Rights of the Client**

Refer participants to page of their handbook on "Clients Rights" ask if there is anything on this list that they disagree with and if there is anything missing.

Through discussion, modify the handout (participants can write on their copies). After making the modification, ask participants to raise their hands if they feel they can adopt the client's bill of right as a basic set of principles.

Step 3 Free and Informed Choice

Definitions

Ask participants what free and informed choice means. Tell them to write their opinion in the blank spaces on their handbooks (page).

The discussion should cover the following four points

- *Free and informed choice* means that men and women are making free and informed choices about their fertility. The three words *free, informed* and *choice* are all key to understanding the concept.
- *Free* refers to a decision made without any kind of pressure. The word *voluntary* is sometimes used to express this concept.
- *Informed choice* requires full information about the nature, risks, and benefits of the available family planning options.
- *Choice* means that the client can decide whether or not to use contraception, and can choose among different methods.

Emphasize ensuring free and informed choice is one of the goals of counseling.

Step 4 Kinds of Family Planning Communication

LECTURE Explain participants that there are 4 types of communication activities in family planning programs*: motivation, information giving,*

educating and *counseling*. Emphasize that to have a clear understanding of counseling, it is important to differentiate it from other kinds of family planning communication, and to see how each type of communication can affect clients' choices.

Explain the table below, using an overhead.

Table 2

Kinds of Family Planning Communication

TYPE OF COMMUNICATION	GOAL	CONTENT	DIRECTION	BIAS	LOCATION
Motivation	Influencing behavior in a particular direction	Propaganda or persuasion	One way	Biased	Anywhere
Information-giving	Providing information and raising awareness	Information – complete or incomplete	One way or two way	Biased or objective	Anywhere
Educating	Lecturing comprehensive information and raising consciousness	Information complete	One way or two way	Objective	Anywhere
Counseling	The client's free and informed choice; a satisfied client	Information; client's feelings, needs, concerns	Two way	Objective	Private atmosphere

Summarize by emphasizing the following points:

- **Motivational** activities encourage the use of family planning. These activities may be conducted in person or through the media. While they can convey useful information, these activities are usually biased. They often attempt to influence an individual or group to adopt family planning and to use particular methods.
- **Information-giving** activities provide facts about methods and can be done in person (either individually or in groups), or through print materials or other media. The information presented may be complete or limited, and may be accurate or incorrect.
- In **educating** information giving is complete and comprehensive. It can be two way as it is allowed to ask questions.
- **Counseling** is a process during which individuals are assisted to make choices about fertility. Counseling goes beyond just giving information; it enables clients to apply information about family

planning to their particular circumstances and to make informed choices. It includes a discussion of the client's feelings and concerns since they are relevant to the client's choices regarding fertility. Counseling always involves two-way communication between the client and counselor, in which each spends time talking, listening, and asking questions.

- While motivation and information-giving can be done anywhere, it is important for counseling to be done in a private atmosphere since personal information is shared.

KINDS OF COMMUNICATION EXERCISE

Identifying kinds of communication

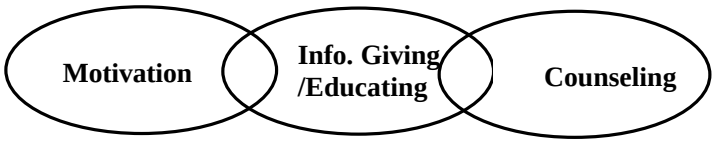
Ask participants to complete the kinds of communication exercise in their handbooks (page). They should decide whether the described activities are examples of motivational, information giving, educating, or counseling activities.

ANSWERS

1. C
2. M
3. E
4. M
5. C
6. C
7. I
8. C
9. I
10. M
11. M

Review the answers with participants. Ask them to tell what kind of activity they believe each item is and why. Participants may have different answers according to their interpretation of the situation. Emphasize that the different forms of communication overlap considerably, and more that one answer may be right.

Summarize the main points of motivational, information giving, educating and counseling activities.



Draw the above diagram on flip chart paper.

Explain to participants:

- As you can see on the diagram, there are overlaps between motivation and information giving/educating, and between counseling and information giving/educating, but there is no overlap between counseling and motivational activities. While both counseling and motivational activities involve information-giving

and educating, counseling does not attempt to promote a particular outcome.

- Each types of communication has a place in family planning. For example, it may be acceptable to motivate people in general to use family planning since contraception offers health and other advantages. It is nor acceptable to motivate people to use one particular method since that violates the individual's right to make a decision and to choose the best option for himself or herself.

Step 5 The Purpose of Counseling

Explain participants that although *family planning counseling* is a term that means different things to different people, you will work as a group towards a common understanding of its purpose.

Ask each participant to write the purpose of family planning counseling on a sheet of paper. Write the answers on flipchart paper. The list should include these points:

DISCUSSION

Counseling:

- Helps clients weigh the benefits and risks of available contraceptive methods.
- Helps clients consider their own needs and feelings.
- Helps clients make informed and voluntary decisions about fertility and contraception.
- Involves two-way communication between the counselor and the client.
- Provides information and helps the client apply that information to his or her needs and circumstances
- Helps clients use contraceptive methods correctly.

Point out that family planning counseling differs from medical advice since it involves healthy individuals and does not recommend a particular course of action. The client makes the choice rather than the health care provider. Counseling helps ensure that the client's choice is free and informed. .

Step 6 The Counselor's Role in Ensuring Free and Informed Choice

DISCUSSION

Ensuring Free and Informed Choice

Discuss the counselor's role in ensuring free and informed choice. Cover the following points:

The counselor can help ensure free and informed choice by

- Explaining the positive and negative sides of all methods.

- Providing objective and accurate information.
- Ensuring that the client make her own decision about reproductive health by defining and identifying her own needs
- Helping clients gain access to the methods that they desire.

The counselor must help the client negotiate the health care system or complete the steps needed to obtain the desired method (particularly for permanent or long term methods that require a clinical procedure).

CASE STUDIES

When free and informed choice is jeopardized

Read each of the following cases out loud. Have participants describe how free and informed choice is jeopardized in each case. Encourage participants to discuss each situation. Ask volunteers to describe what actions they would take if they were the counselor in this situation. Possible responses are given for each situation.

CASE: A client seems very unsure about a decision about contraception, although the partner (or someone else) is urging the client to go ahead with it.

POSSIBLE RESPONSE: The client may feel pressured. Make sure that the client has a chance to speak to you alone. Let the client know that she or he has the right to make decisions and that it is important that she feels comfortable with choices about reproduction.

CASE: You are counseling a couple. The husband does all the talking. You are not sure what the wife is thinking.

POSSIBLE RESPONSE: Although counseling couples is encouraged, it can be helpful to have at least a brief period in which you speak alone with the client who plans to use contraception.

- Explain free and informed choice can be affected by many factors and people. For example,
  - A woman's husband or mother in law may encourage her to adopt or dissuade her from using a particular method.
  - Doctor's recommendations often influence clients' family planning choices.
  - A government may have policies that restrict or promote certain contraceptive methods or certain reproductive health services.

Ask participants to discuss situations in which they have encountered factors jeopardizing free and informed choice.

Discuss the potential hazards, for both the client and the service site, of not having a program that ensures free and informed choice:

- Clients are more likely to discontinue methods that they do not choose for themselves.
- Clients who do not choose tubal ligation or vasectomy voluntarily are more likely to experience postoperative regret and dissatisfaction. They may also want to reverse the procedure.

Step 7 Attributes of Family Planning Counselors

Tell the participants:

- Most health care workers need a number of personal qualities, skills, and knowledge to do their jobs.
- The term *counselor* refers to a health care worker who is responsible for family planning counseling and usually other duties. Health care workers responsible for counseling need certain skills and knowledge to counsel well.

BRAINSTORMING Personal Qualities

On flipchart paper write *Personal Qualities.* Ask the participants to name some of the personal qualities needed by an effective family planning counselor. Write participants' responses on flip chart paper. Turn to Participant's Handbook (page) and review any items that were not mentioned. Explain:

- Personal qualities and attitudes, such as empathy for clients, a supportive attitude, and tolerance for different values, are an important part of who a person is. It may not be easy to change these qualities and attitudes, but it can be done if the person is motivated.

DISCUSSION Skills and Knowledge

Review with participants the skills and knowledge counselors need which are on page of the participant's handbook. Ask if there is anything they would add to the lists or that they disagree with.

Ask participants to raise their hands if they themselves have all the qualities mentioned (none should). Point out:

- No one has every personal quality, skill or area of knowledge that we have discussed.
- This training will help develop these attributes. Being aware of our own individual strengths and limitations will help us become better counselors.
- Communication skills such as listening, asking questions effectively, and presenting information, are sometimes innate. However, these skills can be developed and enhanced through training and practice.

- Knowledge related to contraception, clients, family planning counseling and programs, and a country's policies and laws regarding family planning, can be learned.
- This workshop is intended to develop and reinforce the communication skills and knowledge listed on page of the participant's handbook. Acquiring these skills and knowledge takes time and practice that extend beyond this workshop.

Step 8 The Basic Steps of Counseling

VIEWING OF VIDEOTAPE

Show the GATHER video tape to participants.

Ask participants what they liked and did not like about the video. Answer any questions they have.

LECTURE

The **GATHER** concept

Display the flipchart with the GATHER acronym (See advance Preparation)

G- Greet client
A- Ask client about self; Assess client's knowledge and needs
T- Tell client about family planning methods
H- Help client choose a method
E- Explain how to use a method
R- Return visits

Explain:

- The GATHER acronym is a way to remember the essential steps of counseling.
- The GATHER approach will be used as the basic principle of this workshop. After learning about how attitudes, values, and experience affect counseling, and about building good relationships with clients, you will learn and practice each step of GATHER, and review the knowledge needed for the implementation of each step.

Place the flipchart with the GATHER acronym where it is clearly visible for reference during the training.

Step 9 Assuring Clients' Rights and Contributing to Quality of Care

DISCUSSION Counseling and Quality

Return back to Step 2 Clients' Rights and repeat the importance of counseling in providing quality services and summarize the subject.

Tell participants to look at the page where rights of clients are written. Going down the list, ask participants:

- Which of these rights can be influenced by counseling or by the counselor?

Point out:

- Counselors can affect each of the rights of client. This shows the vital role that the counselor plays in contributing to the quality of care that the client receives.
- Other health care providers also have a part to play in assuring clients' rights and in providing good quality of care. These responsibilities do not rest only with the counselor, but counselors can be an important model for others.

MODULE 4 Values and Attitudes

Objectives

By the end of this module, participants should be able to:

- Explain the terms *value* and *attitude.*
- Describe how values and attitudes can affect counseling.
- Describe the relationship between sexuality, family planning, and counseling.

Time

40 minutes - 1 hour 15 minutes

Advance Preparation

- Make three signs labeled *Agree, Disagree* and, *Undecided*, and post each of them in a different corner of the room.
- Decide whether to use the role play or alternative discussion in Step 3. The role play is more active, and is better for holding participants' attention, but it takes more time and preparation.
- Decide whether to use visualization or exercise in Step 4. Visualization lasts shorter. For the exercise the group needs to feel comfortable.

ESTIMATED TIME	CONTENT	TRAINING TECHNIQUE	SPECIAL AIDS NEEDED
5 minutes	Definition of *value* and *attitude*	Discussion	None
20 – 45 minutes	Counselors' Values and Their Effects on Counseling	Exercise Role play (or alternative discussion)	None
15 – 25 minutes	Sexuality, family planning, and counseling	Visualization Partners exercise Discussion	None

Step 1 Introduction

Review the objectives with participants.

Step 2 Definition of *Value and Attitude*

DISCUSSION Definitions

Ask participants what is meant by the terms *value* and *attitude*. Tell them to write the common answers on their handbook. Possible responses should include:

- A *value* is a belief that is important to an individual. Values can be influenced by religious, educational, or cultural factors, or by other personal experiences.
- An *attitude* is a view or opinion that is formed by values and beliefs.

Point out:

- There is substantial overlap between terms.
- During this course, you may discover that some of your personal attitudes or opinions are based on values that you hold and may not share in common with your clients.

Step 3 Counselors' Values and Their Effects on Counseling

Tell participants that thy will now complete an exercise in which they examine their values. Before they begin emphasize that in this exercise there are no *right* or *wrong* values.

EXERCISE Values Clarification

To complete this exercise, follow these steps:

1. Have participants read page 19 of the Participant's Handbook Values Clarification Exercise. Give them 5 minutes to complete the worksheet.

2. Point out the three areas of the room that have signs*: Agree, Disagree*, and *Undecided* (See Advance Preparation page 27)

3. Read a statement from the handout and ask participants too move to the area with the sign that reflects their opinion.

4. Ask them to explain the reasons behind their choices.

5. Repeat steps 3 and 4 of this exercise for as many statements as time permits.

6. Wrap up the exercise by asking the following questions and

encouraging discussion about each:

- Were you surprised by the responses of your peers?
- How did you feel when you disagreed with other participants? How did you feel when others disagreed with you?
- What can happen if a counselor disagrees with a client's values or imposes her or his values on a client?
- Why is it necessary for a counselor to be aware of her or his own values?

7. Stress these additional points:

   - Even in this group of participants who have much in common (job functions and educational levels), the exercise showed differences in values.
   - No two individuals hold identical values. Each person's values and attitudes are shaped by her or his own culture, upbringing, and life experiences.
   - The point of the exercise was not to persuade others or to prove the validity of any one view. Rather, the exercise was designed to make you aware of the values behind your opinions, so that you can avoid imposing those values on clients.
   - You may have found yourselves trying to convince your colleagues of your viewpoint. It is important to recognize this natural tendency and to avoid this with clients.
   - Information and alternatives must be presented in a neutral, objective manner so that clients can make their *own* decisions.

Explain the following to participants:

- The next activity is designed to demonstrate the difficulty of keeping personal values out of the service provider's role, and the potential danger when the service provider's beliefs influence a client's choice.

Complete either role play or the discussion by following the directions below.

ROLE PLAY **Who is Responsible?**

1. Ask 6 volunteers to play the parts in this role play. If they wish, the volunteers can choose names for the parts they will play. Explain participants their role using the story "Who is Responsible" on page 20 of the participant's hand book.

2. Set up chairs around the room to allow for movements between scenes in the role play.

3. Mrs. Fatma goes to each player in the sequence described. The players perform their roles, as the rest of the group watches.

4. Following the role play, have the group discuss who is most responsible for the death of Mrs. Fatma, and why. In conducting this discussion, follow these guidelines:
   - Remain neutral.
   - Ask participants how the characters' personal beliefs influenced their interactions with Mrs. Fatma.
   - Ask participants which of their personal beliefs support the opinions of the characters. Point out that each participant is entitled to his or her own perspective.
   - Encourage participants to express all of their opinions, even if they differ from those held by others. The differences among participants' opinions are important in illustrating the danger of assuming that the service provider's values are the same as the client's.

5. Summarize the discussion by asking the counselor's beliefs can affect her or his ability to meet clients' needs. Note that:
   - The choices the counselor makes for someone else may be harmful rather than helpful.
   - The service provider's personal ideas about what is right or wrong can be barriers to a client's using family planning services or may even represent a threat to the client's health.

ALTERNATIVE EXERCISE

Who is Responsible?

Use this activity as an alternative to the role play.

1. Ask participants to read the exercise "Who is Responsible?".

2. Ask participants which character they choose as most responsible and why. Tally the responses on newsprint. Ask participants the reasons behind their choices. In conducting this discussion, follow the guidelines described in step + of the role play.

3. As described in step 5 of the role play, summarize the discussion.

Following the Role Play or Discussion

After either the role play or discussion, summarize by asking the participants:

- Why do you think we spent time talking about values in this training?

The following points should emerge:

- Understanding our own values can help us better understand and respect the values of clients.
- Reflecting on our values can help us draw limits so we don't influence clients by expressing our personal views.

Step 4 Sexuality, family planning and counseling

Explain the following to participants:

- We need to realize how our own attitudes and inhibitions may affect how we counsel clients.
- Since individuals use contraception so they can have sexual intercourse without getting pregnant or getting sexually transmitted diseases (STDs), we need to be able to talk comfortably with clients about their sexual practices and those of their partners.
- Frank discussion of sexual practices, particularly those that put clients at risk of STDs, including HIV infection, is necessary to help clients choose the contraceptive methods that will work best for them, and be most desirable to them.
- Often clients will bring up sexual matters themselves.

Tell participants that they will explore how attitudes towards sexuality can affect counseling.

VISUALIZATION The Counselor and Sexuality

Ask participants to close their eyes and relax. Ask participants the following questions in a slow, pleasant voice, pausing after each sentence to give participants a moment to think.

- Think back to your childhood experiences with sexuality. How did you learn about sex? Did your parents explain it to you, or did you learn some other way? Did you understand what you were told.

Ask participants to open their eyes. Tell them to write on a piece of paper several words that describe how you felt about sexuality when you were a child. Your responses will remain anonymous. Take no more than a minute to do this.

If participants need help, give several examples of words, such as *excitement, forbidden, shame,* and *curiosity.*

Tell participants to fold their papers in half. Collect the responses and shuffle the papers. Then read the words aloud. Lead a discussion:

- Do you think these feelings also describe how many adults feel about sexuality?
- Almost all of us learn when we are very small that sex is something people often don't feel comfortable talking about. Our partners may not have told us anything, or they may have felt uncomfortable answering our questions. Our friends may have given us misinformation. It was probably important to us not to let others know that we didn't understand everything about sex.
- We will now talk with a partner about how we each view sexuality.

ALTERNATIVE EXERCISE Sexuality and Counseling

To complete this activity, follow these steps:

1. Write the following questions on flipchart paper:
   - Question 1: What does sexuality mean to you personally?
   - Question 2: When clients begin to discuss sexuality, how do you feel?

2. Pair each participant with a person next to her or him. Tell partners to spend 10 minutes thinking about these two questions and discussing their responses with each other.

3. Ask participants:
   - How did you feel when I said we were going to talk about sexuality with a partner?

State:

- You may have felt nervous, worried, or maybe excited. This is how clients may feel when you bring up sexual topics with them.

4. For each question listed in step 1 of this exercise, have volunteers share their responses with the group. In concluding the discussion of each question, make the corresponding point below:
   - QUESTION 1: People have different definitions of sexuality, ranging from narrower interpretations (for example, sexuality refers only to the act of sexual intercourse) to broader concepts (what it means to be male or female). AS with values, there are different ways of viewing the concept.
   - QUESTION 2: People have different levels of comfort in talking about sexuality. Some counselors may feel very comfortable. Other may have had no training or professional experience in dealing with sexuality, and may feel shy or uncomfortable talking about it. Since counselors are human, they may have the same difficulties or feelings of awkwardness as other people when talking about sexuality. They have their own questions or concerns about sexuality. However, counselors often find it easier to talk about sexuality in a professional context than they do when talking about it with people that they know personally.

5. Ask the group:
   - What might happen if a counselor is uncomfortable discussing topics related to sexuality?

   Possible responses include the following:
   - If a counselor show discomfort when talking about sexuality with clients, it may inhibit clients.
   - A counselor who does not feel comfortable talking about these issues may avoid asking or answering certain questions.
   - A counselor may have difficulty helping a client think about which method to use if the counselor feels uncomfortable talking about sexuality and the client's personal needs.
   - Although we may not always feel comfortable talking about sexuality, practice can help, as can the realization that this is a difficult but vital topic counselors.

DISCUSSION **Summary**

Summarize by asking participants:

- Why did we spend time discussing sexuality?

Possible responses include the following:

- Being sexually active (or planning to be) is major reason clients seek contraception.
- Understanding our own values and feelings about sexuality can help us to be more effective counselors and to empathize with clients when bring up sensitive subjects.

Module 5 Effective Communication Skills

Objectives

By the end of this module, participants should be able to:

- Describe nonverbal behaviors, and explain how they can affect the counseling relationship.
- Demonstrate effective listening skills, verbal encouragement, and tone of voice.
- Give examples of using nontechnical language in counseling and explain why this is important.
- Demonstrate paraphrasing and clarifying skills.
- Apply the principles of giving effective and constructive feedback

Time

1 hour 20 minutes- 2 hours 20 minutes

Advance Preparation

- On separate pieces of paper, write the names of emotions and feelings, such as *anger, boredom, sadness, happiness, impatience, disapproval, nervousness, shame, respect, understanding, kindness* (See Step 5)
- Write the following words on flipchart paper: *uterus, contraceptive, testicles, vagina, sperm, fallopian tubes, ovary, menstruation, intercourse, penis, procedure* (See Step 6).
- Write examples of medical terminology from the second exercise in Step 6 on flipchart paper.
- Write the information on feedback on flipchart paper (See Step 8).

ESTIMATED TIME	CONTENT	TRAINING TECHNIQUES	SPECIAL AIDS NECCESSARY
5 – 10 minutes	Nonverbal Communication	Discussion	None
5 – 10 minutes	Active Listening	Discussion	None
10 - 15 minutes	Verbal Encouragement	Demonstration Role Play Discussion	None
10 - 15 minutes	Tone of Voice	Exercise	None
15 - 25 minutes	Using Simple Language	Exercise Role Play Demonstration Exercise	None
20 - 30 minutes	Paraphrasing and Clarifying	Lecture Demonstration Role Play Discussion	None
5 – 10 minutes	Feedback Skills	Discussion Role Play	None
10 - 25 minutes	Use of IEC Materials	Discussion	None

Step 1 Introduction

Review the objectives with participants. Explain:

- This module introduces the key concepts of interpersonal communication, which are the foundation for effective counseling. These skills will be used throughout the remainder of the training.

Step 2 Nonverbal Communication

Explain:

- When we hear the word *communication,* we usually think of words or what is said. Yet much of poor communication with others is done without words.

Ask participants:

QUESTION: Think for a moment about how babies and young children communicate. How do they get their messages across before they learn to talk?
POSSIBLE RESPONSES: Smiling, crying, pointing, frowning.

Explain:

- Nonverbal signals can communicate interest, attention, warmth, and understanding to clients.

Positive and Negative Nonverbal Communication

Write *Positive* on the left side of a sheet of newsprint and *Negative* on the right.

Ask participants to draw upon their own experience for instances of positive and negative nonverbal communication. Write each response in the appropriate column on flipchart paper. Examples may include the following:

Positive Nonverbal Cues:

- Leaning towards the client
- Smiling, not showing tension
- Avoiding nervous or inappropriate mannerisms
- Presenting facial expressions that inspire trust
- Making encouraging gestures, such as nodding ones head
- Maintaining eye contact with the client

Negative Nonverbal Cues:

- Reading from a chart
- Glancing at one's watch
- Yawning or looking at papers or out the window
- Frowning
- Fidgeting
- Not maintaining eye contact

Summarize the discussion by explaining:

- A good relationship with a client is based only on what the client hears, but also on what she or he observes and senses about the counselor.
- Remember that nonverbal cues vary culture to culture, and sometimes among different groups within a culture (for example, men and women, adolescents and adults, may show different nonverbal patterns).

Step 3 Active Listening

Tell participants that one of the keys to establishing a good counselor-client relationship is *active listening.*

DISCUSSION Defining Active Listening

Ask participants:

QUESTION: How do you know when someone is really listening to you?
POSSIBLE RESPONSES: Good listeners sustain eye contact, avoid fidgeting, and give the speaker their full attention.

QUESTION: How do you know when someone is a poor listener?
POSSIBLE RESPONSES: Poor listeners avoid eye contact, glance at papers or out of the window, and give an impression of impatience, boredom, or distraction.

QUESTION: What is *active listening?*
POSSIBLE RESPONSES: *Active listening* is more than just hearing what a client says. It involves listening in a way that communicates empathy, understanding, and interest.

Step 4 Verbal Encouragement

Tell participants:

- You will now have the chance to practice six verbal communication skills: giving verbal encouragement, using an appropriate tone of voice, using simple language, paraphrasing, clarifying, and giving feedback.
- These skills communicate to clients that they have been heard, understood, and accepted, and help clients understand themselves and their own needs.

DEMONSTRATION How to Provide Verbal Encouragement

Explain that counselors can express interest and understanding by giving brief verbal responses such as "I see" or "Right". This type of response is the verbal equivalent of nodding one's head.

Demonstrate verbal encouragement. You play counselor. Ask another person to play a client who says her religion opposes the use of contraception. As the client discusses her concern, do the following:

- Lean forward slightly, listening sympathetically.
- Give various verbal cues, such as "Yes", "I see" "Mm-mm", "Right" or "OK".
- Nod your head sympathetically.

ROLE PLAY Lack of Verbal Encouragement

Now illustrate the difference between verbal encouragement and making no response by doing a role play in which you simply stare at the client and say nothing at all.

DISCUSSION Advantages of Verbal Encouragement

Have the group discuss the differences between the demonstration and the role play. Emphasize that:

- Verbal encouragement demonstrates that the counselor is listening, and encourages the client to continue talking.

Step 5 Tone of Voice

Explain:

- Tone of voice is an important component in building rapport.
- We will now do an exercise to observe how a person's tone of voice communicates different emotions.

EXERCISE Practicing Tone of Voice

To complete this exercise, follow these steps:

1. Distribute pieces of paper with the names of emotions and feelings written on them to volunteers (see the Advance Preparation, Page 39)

2. Ask each volunteer to say a few sentences in a neutral tone, and repeat them using the emotion on the slip of paper. Sample sentences include “The nurse will see you in a few minutes,” “So, you have three sexual partners”, and “Please fill out this form", Volunteers can invent other sentences.

3. Have the rest of the group guess which emotion is being displayed and discuss how the feeling is shown.

4. Summarize by asking:
   - Which tone of voice would you prefer to be used when you go to someone for help?
   - Which tones of voice are inappropriate in a family planning setting?

Step 6 Using Simple Language

Explain:

- Another way to make clients feel comfortable is to use appropriate language.
- Unfortunately, because they are so familiar with medical terms, health care professionals often use words that clients may not understand and may find intimidating.
- Technical information needs to be geared to the level of education and language of each client, without talking down to her or him.

EXERCISE Simplifying Language

Display the following words written on flipchart paper (See Advance Preparation, Page 39). Point to each word and ask volunteers for simpler words or phrases with the same meanings. Explain that in this exercise, as in counseling, counselors should try to use language that clients will not find embarrassing or vulgar.

Words:
uterus
contraceptive
testicles
vagina
semen
sperm
fallopian tubes
ovary
menstruation
intercourse

penis
procedure

Explain:

- Many items related to sex may be known by slang rather that medical terms. Some items may also be expressed by profanity.
- Counseling provides an opportunity to acquaint clients with medical terms. However, counselors should acknowledge and not ridicule the use of more commonly understood terms.

The exercise below illustrate how language can affect a client.

EXERCISE Medical Language Versus Simple Language

Refer to the following examples of medical terminology written on flipchart paper (see Advance Preparation Page 39). Ask each participants to rewrite the information in simple language on a sheet of paper. Examples of simple language are given below. There are several acceptable ways to rephrase medical terminology.

MEDICAL TERMINOLOGY: Tubal ligation is a surgical procedure for permanent contraception. In women the operation involves occluding both fallopian tubes to prevent passage of both ova and sperm.

SAMPLE SIMPLE LANGUAGE: "Women who don't want to have children anymore can have an operation which ties the tubes carrying the eggs. After this operation the women can no longer get pregnant."

MEDICAL TERMINOLOGY: The IUD can cause menstrual irregularities such as dysmenorrhea or itermittent bleeding."

SAMPLE SIMPLE LANGUAGE: The IUD can cause changes in your monthly periods, such as cramping, heavier bleeding than usual, longer periods than usual, or spotting between periods."

MEDICAL TERMINOLOGY: "The most serious side effects of combined oral contraceptives are cardiovascular (high blood pressure, blood cloths, heart attack, and stroke). These occur primarily in women who are older than 35 years and smoke or women who have an underlying disease contraindicating the use of pill."

SAMPLE SIMPLE LANGUAGE: "The pill can cause heart and blood problems. These are more likely to occur in women older than 35 who smoke or in women who have certain other health problems".

Ask participants to volunteer examples that they have written. Discuss other examples or questions the participants have.

Summarize by emphasizing:

- Clients may become confused, angered, or intimated by language that they do not understand.
- Using appropriate, simple language helps prevent misunderstandings, encourages clients to ask questions, and helps clients make informed decisions.
- Using simple language does not apply only to medical words. Many of the words that counselors use frequently, such as *counseling, family planning, follow-up,* and *referral,* may not be understood by or may have different meanings for clients. Always explain terms, or double check with clients, to ensure clients' understanding.

Step 7 Paraphrasing and Clarifying

Explain to participants that they will now learn about two more communication skills: *paraphrasing* and *clarifying.* Although there is some overlap between these techniques, each has a different purpose.

LECTURE Paraphrasing

Introduce participants to the key concepts of paraphrasing (See Participant's Handbook Page 26).

Definition: Paraphrasing is restating client's message using different words.
Use: Counselors repeat clients' messages with their words to make sure they have understood what the client has said and let clients know that they are trying to understand clients' basic messages. Paraphrasing supports the client and encourages her or him to continue speaking.

Example:

Client: "I want to use the IUD, but my sister said that it can travel around your body, and stick in the baby's head."

Counselor: "You have some questions because of what you have heard about the IUD, and want to find out what is true."

How to Paraphrase?

You play a counselor. Ask another person to play a client. The client chooses a lead line from page 27 of Participant's Handbook, or creates a situation based on her or his own counseling experience. The client states the situation to you in her or his own words. You respond by paraphrasing. The client gives feedback on the accuracy of your paraphrase. If you have not captured the situation clearly, continue trying until the client says the paraphrase is accurate.

Samples for Paraphrasing Exercise

Gül: "My husband doesn't want to use anything because he is gone so much. He doesn't trust me. But how do I know what he is doing when he isn't here?"

Counselor: "You think your husband doesn't trust you. And you don't trust him, right?"

Menekse: "I don't want any more children right now. But I was taught that it's wrong to use birth control. Some of my friends do it, though."

Counselor: "You want to use family planning. But you are confused because of the things you have heard."

Selçuk: "We can't afford another baby, an my wife has had trouble with the pill and the other methods she has tried. I know I could use something, but if anyone ever found out…

Counselor: "You want to use a family planning method, but you don't want people to learn."

Yasemin: "I have friends who use the IUD. But one of them got pregnant. I don't want to get pregnant.

Counselor: "You want to use IUD but have concerns about its affectivity."

Ask participants:

QUESTION: How did paraphrasing contribute to communication?
POSSIBLE RESPONSE: It helped the counselor understood what the client was saying, and it made the client feel that she or he had been understood.

Review the following guidelines for paraphrasing:

- Listen for the client's basic message.
- Restate to the client a simple summary of what you believe is his or her basic message. Do not add any new ideas.
- Observe a cue or ask for a response from the client that confirms or denies the accuracy of the paraphrase.
- Do not restate negative images clients may have made about themselves in a way that confirms this perception. For example, if the client says "I feel stupid asking this, "it is not appropriate to say "you feel ignorant."

Clarifying

Tell participants that sometimes a client's message is so vague that it is difficult to understand. At those times, it is useful for counselors to help clients *clarify* their message.

Introduce participants to the key concepts of clarifying (See Participant's Handbook Page 27)

Definition: Clarifying is making an educated guess about the client's message for the client to confirm or deny.

Use: Like paraphrasing, clarifying is a way of making sure the client's message is understood. The counselor uses clarifying to clear up confusion if a client's responses are vague or not understandable.

Example:

Client: "I am using the pill and I like it, but my sister says that with Norplant, I do not need to remember to take anything."

Counselor: "Let me see if I understood you. You are thinking about switching from the pill to Norplant because Norplant would be more convenient for you?"

Samples for Clarifying Exercise

Hülya: "My husband's other wife just had a child. I don't know what to do. I am thinking of having my IUD removed. I don't know if I want another child. Or if we can afford one. But maybe if I have one he'll spend more time here".

Counselor: "You are not ready for another child but you think your husband will spend more time with you if you have one, right?"

Canan: "I am going to start taking pill this month. But what if my parents find out? What if I can never have children?"

Counselor: "You decided to take the pill without letting your parents know. But you think the pill will make you infertile. You want to get information."

Yusuf: "I'm not going to get a vasectomy. I don't care if we have 20 kids. It's my wife's responsibility. There must be something she can take that won't make her sick"

Counselor: "I understand that you think your wife not you should use a family planning method and you want to get information about alternative methods that she can use."

Seray: "Why do I have to answer all these questions? Just give me something I can use, that no one will find out about."

Counselor: "You want to use a method but you don't want anyone to know about this and as far as I understood you don't have enough time to discuss this issue in detail."

DEMONSTRATION **How to Clarify?**

You play counselor. Ask another person to play a client. The client chooses a lead line from page 28 of the Participant's Handbook or creates a situation based on her or his own counseling experience. Tell the client to state the situation to you in a vague or confusing way. You respond by clarifying and the client confirms or denies your clarification. Continue until the client confirms that your clarifying statement reflects her or his situation.

Explain these guidelines for clarifying:

- Admit that you do not have a clear understanding of what the client is telling you.
- Restate the client's message as you understand it, asking the client if your interpretation is correct. Ask questions beginning with phrases such as "Do you mean that…?"
- Clients should not be made to feel as if they have need cut off or have failed to communicate. Therefore, do not use clarifying excessively.

Step 8 Feedback Skills

DISCUSSION **Definition**

Ask participants:

- What does feedback mean?
- How can feedback help you in counseling?

Summarize the responses by covering the following points, which you have written in advance on flipchart paper (see Advance Preparation, page 39):
Feedback is a way of:

- Helping another person to consider changing her or his behavior.
- Communicating to another person about how she or he affects others.
- Helping people learn how well their behavior matches their intentions.
- Helping people keep their behavior close to their intentions.

Explain that:

- Giving effective feedback requires other skills that are necessary to counseling: objectivity, respect for the listener's feelings, and

positive verbal and nonverbal communication. Both paraphrasing and clarifying involve giving feedback.

- Giving effective feedback to clients can help make each client feel she or he is being treated as an individual.
- Giving constructive feedback in a client interaction can help build a good client-counselor relationship.
- Feedback is also essential skill for any participants who are or will be trainers or supervisors.

Have participants look at page 28 and 29 of Participant's Handbook and answer any questions.

Stress that giving feed back:

- means describing what was seen, not interpreting it.
- Requires paying attention to details.

Step 9 Use of IEC Materials

DISCUSSION

Ask participants why IEC materials should be used during counseling. Write their responses on flipchart paper.
Complete any missing points from the list below:

Possible Responses:

1. Takes clients attention.
2. Starts a discussion and helps client ask questions and decide.
3. Helps little things become bigger (like ovum and IUD).
4. Helps making comparisons for similarities and differences (like for IUD types).
5. Demonstrates steps of procedures (like IUD insertion)
6. Demonstrates developments (Like the development of fetus).
7. Makes complex things easier to understand.
8. Demonstrates things that one can't see in real life (like the position of IUD in uterus)
9. Helps speaking about sensitive subjects like family planning and complicated subjects like child health.
10. Client can take printed materials home.
11. Client can chare the printed materials with partner and friends.
12. Giving brochures to clients is like giving prescription. Brochures complete the method and the procedure.

Ask participants to brain storm on disadvantages of use of IEC materials. Write responses on flipchart paper.

Complete any missing points from the list below.

Possible Responses:

1. Unless the health care provider reviews the materials with client there is no chance for discussion.
2. No effect on illiterate people.
3. They are easy to loose and sometimes they are thrown wawy without reading.
4. They can be expensive to produce.
5. The intended message may not be understood, there may be need for more explanation.
6. It may not be possible to give several messages written.
7. They are appropriate for big groups.
8. If they are not good quality. Pages may be thorn.
9. If there is too much information, it may not be possible to remember everything.

Ask participants to brain storm on advantages of use of IEC materials. Write responses on flipchart paper.

Group the responses under two headings. "Advantages for Providers" and "Advantages for Clients".

LECTURE Summarize using the table below:

Table 3

Advantages, Disadvantages and Use of IEC Materials

TYPE OF IEC MATERIAL	ADVANTAGES	DISADVANTAGES	USE
Brochure Booklet	• Can be given to several people. • Cleint can read with own pace, as often as wished. • Cleint can share with family and friends. • Easy to produce.	• Unless the health care provider reviews the materials with client there is no chance for discussion. • Less effect on illiterate people. • Paper is not strong enough, can be easily lost, can sometimes be thrown without being read. • Can be expensive.	• Are for litterate people. • Words and illustrations are presented. • Are for detailed informatin/instructions. • Are for giving information to several people. • Are for people to remember things you have taught them.
Poster Photo	• Can be produced locally. • Can be used over and over again. • Easy to carry. • Makes it easier to point on things one can not point on real objects like sexual organs. • Appropriate for several topics.	• The intended message may not be understood; it may be necessary to explain. • Can become expensive as they are easily damaged. • Requires pretesting. • May not be possible to give many messages written.	• Are for reinforcing the message. • Are for big or small groups. • Are for hanging on easily seen places. • Are for introducing an opinion, event or service. • Can be used during counseling.

TYPE OF IEC MATERIAL	ADVANTAGES	DISADVANTAGES	USE
Flipchart Illustrated flip book	• Can be produced locally. • Can be arranged according to the needs of certain groups. • Is appropriate for taking the attention of listeners. • Can be used over and over again.	• Not appropriate for big groups. • Can be thorn when flipping if not made with good quality material. • If there are too many pages, listeners may not remember all.	• Are for step by step presentation. • Are for small groups.
Models	• Close to real objects, make things easier to understand. • Can be made bigger than original to be seen clearly. • One can practice on them. • All senses are used.	• Production requires skill and equipment. • Can be expensive. • Can not be used with big groups. • Can easily be damaged. • It is not as effective as showing things on a real object or person.	• Are for explaining, demonstrating (for example, preparation of oral rehydration solution, or how pill is used). • Appropriate for one to one sessions or small groups.

MODULE 6 Characteristics of Postabortion Women

Objectives

By the end of this module, participants should be able to

- Define special populations.
- List characteristics of postabortion women.
- Define needs of postabortion women.

Time

30 minutes

Advance Preparation

- Flipchart paper, pencil

ESTIMATED TIME	CONTENT	TRAINING TECHNIQUES	SPECIAL AIDS NEEDED
5 minutes	Defining Special Populations	Lecture	None
25 minutes	Special Needs	Small Group Study Discussion	None

Step 1 Introduction

Review the objectives with the participants.

Step 2 Defining Special Populations

Explain participants that special populations are those who:

- Are likely to be overlooked by traditional family planning approaches.
- Have special characteristics or needs.

Step 3 Special Needs

Small Group Study

Follow these steps:

- Divide participants into 4 groups, and assign two of the groups postabortion women and the other two women who came for family planning at the interval time. Write this question on the flipchart:

  What are the characteristics and needs of the groups assigned to you? List them on flipchart paper.

  Give participants 15 minutes and then ask them to present their list. Discuss as needed. The points listed below should emerge:

Postabortion Women

- A woman who has just had an abortion is likely to be most concerned about her health and the abortion procedure. She may or may not be interested in discussing contraception, and her wishes must be respected.
- The woman may not be thinking about resuming sexual activity and needing contraceptive protection.
- The woman may be frightened, sedated, or in pain.
- Stress is likely to be greatest when a woman comes to the health facility for emergency treatment for an incomplete abortion.
- The woman may be feeling guilty, particularly if she induced the abortion herself.
- The woman may be worried that her efforts to terminate her pregnancy will be discovered.
- Women who have just had an abortion may be especially concerned about confidentiality.
- A woman who became pregnant because her method failed may be distrustful of contraception.
- Women often do not realize that their fertility will return soon after abortion. A woman can ovulate within two weeks after an

abortion.

- Her husband may be with her.

Women at Interval Times

- She has a decision about her fertility as she has come to the family planning clinic herself.
- She may have or may not decided to use a family planning method.
- She may have misconcepts about the methods.
- She may have had a bad experience, so she may have concerns.
- She may be embarassed.
- Her partner may not be with her.

MODULE 7 Postabortion Family Planning Counseling

Objectives

By the end of this module, participants should be able to:

- Define *empathy*
- List advantages and disadvantages of counseling before and after abortion.
- Tell timing of methods postabortion.
- Demonstrate postabortion counseling.

Time

1 hour 35 minutes - 3 hours 10 minutes

Advance Preparation

- Flipchart paper, marker
- Overhead projector
- Transparencies
- Write the GATHER acronym on flipchart paper.

ESTIMATED TIME	CONTENT	TRAINING TECHNIQUES	SPECIAL AIDS NEEDED
10 - 15 minutes	Empathy	Brain Storming, Lecture	None
5 - 10 minutes	Abortion and Family Planning Counseling	Discussion	None
30 - 60 minutes	GATHER Steps	Group Study	GATHER acronym on flipchart paper
5 - 10 minutes	Follow-up Counseling	Question-Answer	
20 minutes	Timing for Postabortion Family Planning Methods	Question-Answer Discussion	Table 4- empty Transparency Table 4-filled Transparency
25 - 75 minutes	Practice of Postabortion Family Planning Counseling	Role Play	Role Plays

Step 1 Introduction

Review the objectives with the participants.

Step 2 Empathy

BRAIN STORMING Ask participants how their feelings, attitudes and behavior be like if participants or their partners goes to a health care facility for induced abortion. Give them one minute to think. By brain storming obtain their answers and write them on flipchart paper.

Possible answers:

Excitement, worry, fright, sadness, regret, embarrassment, anger, shyness, impatience, guilt, accusation, ignorance towards family planning.

BRAIN STORMING After this, ask participants how women may feel postabortion, how their physical status and behaviors are like. Give them some time to think and obtain the answers by brainstorming. Write the answers on another flipchart paper.

Possible answers:

Regret, sadness, relief, anxiety, wish to go home, pain, sedation, tiredness, exhaustion, anger, accusation, guilt, fear of getting pregnant again, irritability towards sex.

LECTURE Ask participants what it means to try to understand these emotions and opinions of a client and explain the concept of "Empathy".

Empathy, is the ability of putting oneself in shoes of the other for a small moment. Being temporary is the most important property of empathy. The person who empathizes returns back to the real environment after understanding emotions and opinions of the other person.

Emotions, thoughts and concerns of abortion clients are very different from other family planning clients. At this stage to empathize with clients maintains communication taking into consideration the emotions of the client and creates the necessary climate of trust and understanding.

Step 3 Abortion and Family Planning Counseling

DISCUSSION During this step discuss with participants when family planning counseling can be given to abortion clients. The following points should emerge during the discussion:

- Family planning counseling can be given before or after the abortion procedure.
- Counseling before induced abortion should be given together to husband and wife. When partners decide together on family planning, they are more likely to select the most appropriate method for them and to use the method for a longer period of time. This also provides male involvement in family planning and more satisfaction.
- Preabortion period (when pregnancy is identified, when she comes to the clinic for examination or appointment or right before the abortion procedure) may not always be the most appropriate time to give counseling. However for some women this period may be the best time for providing family planning with the condition that their emotions, thoughts and physical status are taken into consideration. When the client selects a method during preabortion counseling, opportunities for methods that can be used postabortion would not be lost. Moreover preabortion period is a more appropriate time for partners to participate in counseling. As husbands' consent is required for induced abortion in Turkey, they come to the health facility during this time. When the woman is resting after abortion, usually the husband is not with her. For this reason pre abortion is a better time for providing counseling to couples.
- In postabortion period the woman may have pain, may be sedated and may want to go home as soon as possible. During this time it may not be possible to talk to the client and she may not be able to make an informed choice. However, some women are relieved and this period may be more appropriate for them to receive counseling. Postabortion period can be the last opportunity for providing counseling to some women. Women realize their need for family planning when they are about to leave the facility without a method.

Step 4 GATHER Steps

GROUP STUDY Remind participants the GATHER concept you have discussed in Module 3. Write the GATHER acronym on flipchart paper. Divide participants into groups of 5-6 people and ask each group to write down topics to be mentioned on each step of GATHER regarding postabortion family planning. Give them 30 minutes and start the discussion.

Possible Answers

G **Greet client**

Introduce yourself
Ask client to introduce herself
Show her a place to sit
Create a comfortable climate with a friendly smiling face
Tell client that everything you will talk will stay confidential
Ask if she wants to talk about family planning

If the woman wants to talk:
Ask if she would like her husband or someone else close to join the counseling session
Ask how you can help her

If the woman does not want to talk:
Give an appointment for another time (following physical examination, after the procedure, during follow-up visit)
Give her a postabortion family planning brochure

A **Ask client about self, Assess client's knowledge and needs**

Ask client if there is anything she would especially like to talk about first. If she is hesitating, repeat that everything will stay confidential and encourage her to ask questions.
Ask these questions to make her realize her own needs:

- How many children do you have?
- Do you want to have another child? If yes, when?
- How many pregnancies did you have? How many spontaneous, how many induced abortions did you have?

Tell her that she can get pregnant again immediately after abortion (within 14 days). Explain that there are family planning methods she can use and that you can help her. Continue the session with the following questions:

- Have you used a family planning method before?

If no:

- Why don't you use a method? (because of husband, relatives? Community? Concerns? Any misconceptions, incomplete information about methods?)
- What do you know about family planning? What did you hear about it?
- Correct any misconceptions by encouraging her to ask you questions, provide lacking information.
- If she is preferring to use a particular method, ask the reason for it?

If yes:

- Were you using a method when you got pregnant?
- If yes, which method? (Try to help her understand how she got pregnant).
- Why did you stop using the method? (If she was not using a method when got pregnant).

T **Tell client about family planning methods**

- Tell her about the methods she can use postabortion (see Table 4)
- Use brochures, posters and method samples when explaining methods
- Encourage client to ask questions
- Ask which methods she is interested in.
- Complete any lack of information (for example: properties of the methods she is interested in, their mechanism of action, affectivity, side effects, etc)

H **Help client choose a method**

- Help client to evaluate the appropriateness of various FP methods taking in to consideration her condition and FP needs she identified in step A.
- Ask client if there is any method she wants to use.
- Remind client that she should take in to consideration her husband's preferences as well.
- If client selected a method, look for any medical contraindications (like high blood pressure, diabetes, heart disease, liver disease, etc). If there are any contraindications, explain why she should not use that method and help her to select from other appropriate methods.
- Ask if there is anything she didn't understand and repeat information if necessary.
- If she is still undecided, give her brochures, advise her to talk to her husband and give appointment for a later date.

E **Explain how to use a method**

- Explain client how to use the method and ask her to repeat what she understood.
- Explain expected side effects and signs of complication.
- Explain when she should return to the health care facility.
- Tell her where she should get new supplies of the method (for methods like pill, condom, injectables).
- Give the selected method.

- If the client selected a method not available at your site, refer her to the appropriate place.
- If she is still undecided, give her brochures, advise her to talk to her husband and give appointment for a later date.

R Return visits

- Tell her when to return for follow-up, give an appointment if necessary.
- Emphasize that she can come back to the clinic or call anytime if she has problems.

Stress the following 3 points to summarize the group study.

3 Points that Should be Emphasized During Counseling

Client should be told:

- **that she can get pregnant again within 14 days following the abortion.**
- **that there are FP methods she can use to prevent pregnancy.**
- **that she can receive these methods from this site or the site you would refer her to.**

Step 5 Follow-up Counseling

QUESTION-ANSWER Tell participants that the client may or may not be using a method when she comes for follow-up visit postabortion. Ask them what should be mentioned during follow-up counseling. Write the responses on flipchart paper.

Possible Answers

If the woman is using an FP method:

- Ask if she is happy with the method.
- Ask if she has any complaints.
- Ask if she will continue using the method.
- Ask if she has any questions.
- Ask if she wants to switch methods.
- Answer her questions.
- Provide solutions for problems.
- Give encouragement for continuing to use the method.
- If she wants to switch methods, give counseling.

If the woman is not using a FP method

- Remind her that she is face to face with the risk of getting pregnant.
- Provide FP counseling.
- Help her to make an informed choice.

Step 6 Timing for Postabortion Family Planning Methods

Show empty Table 4 with the overhead projector and ask which methods can be used at various times. Write responses on transparency. Start a discussion getting everybody involved and correct any wrong information.

Wrap up showing the filled Table 4 with the overhead projector and have participants read the information loud.

Table 4

Contraceptive Method Use After Abortion: Presented in Order of Effectiveness

WOMAN'S CLINICAL SITUATION	CONTRACEPTIVE METHOD ISSUES
NO COMPLICATIONS	Do not delay starting method use. Most methods can be given immediately. Following uncomplicated abortion, there are no medical restrictions for: -**IUD** (copper or levonorgestrel) -**Pills**(combined or progestogen only) -**Injectables** (combined or progestogen-only) -**Norplant implants** -**Barrier methods** (diaphragm, cervical cap, spermicide, condoms) -**Female or male sterilization** Wait until a normal menstrual pattern returns before using natural family planning (rhythm, periodic abstinence).
INFECTION (confirmed or presumptive diagnosis) • Signs of unsafe or unclean induced abortion, or • Signs or symptoms of sepsis or infection, or • Unable to rule out infection	Delay female sterilization or IUD insertion until infection is either ruled out or fully resolved. Provide a short-term method and make a follow-up appointment or referral. **Consider any other method.**
TRAUMA to genital tract • Uterine perforation • Serious vaginal or cervical trauma • Chemical burns	Delay female sterilization until trauma is healed. If abdominal surgery must be done to repair trauma and if no additional risk is involved, sterilization ma be done concurrently. Delay IUD insertion until uterine perforation or other serious trauma has healed. Provide a short term method and make a follow-up appoinetment or referral. Injuries that affect the vagina or cervix may limit the use of female barriers and spermicides. **Consider any other method.**
HAEMORRHAGE AND SEVERE ANAEMIA Haemorrhage must be resolved before family planning can be considered.	Delay female sterilization because of the risk of further blood loss. Provide a short term method and make a follow-up appointment or referral. There may be a higher expulsion rate for IUDs inserted immediately after second trimester abortion. **Consider any other methods.**

SECOND-TRIMESTER ABORTION If there is an excessive clotting disorder, as may be seen with missed treatment may be needed prior to surgery.	Delay fitting or use of diaphragms or cervical caps for 6 weeks. It may be more difficult to locate the fallopian tubes if female sterilization procedures are done before the uterus returns to pregnancy position. There may be a higher expulsion rate for IUDs inserted immediately after second trimester abortion. **Consider any other methods.**

SOURCE: Leonard and Winkler, Postabortion Family Planning: A Woman's Informed Choice Today Can Prevent an Unwanted Pregnancy. *Advances in Abortion Care* 6(1), IPAS, (in press)

Step 7 Postabortion Family Planning Counseling Practice

Tell participants that they will make exercises with role plays on postabortion family planning counseling. Divide participants into groups of three. In each group there would be a counselor, a client and an observer. Explain that you will distribute roles from pages 38 and 39 of Participant's Handbook to each client. Remind that clients should not show their roles to the counselor and observer. The observer will observe the counselor and the client and state the positive and negative sides of counseling. Each group will play their roles and 3 or 4 groups that you will select will play for the whole group. Give them 20 minutes and go around and observe how groups are doing. Following presentation of each group discuss the counseling with participants.

ROLE PLAYS FOR POSTABORTION FAMILY PLANNING COUNSELING PRACTISE

1. *Before Induced Abortion – Couple- Postabortion Family Planning Counseling*
   Aliye and Hasan Karadeveci comes to the clinic for unwanted pregnancy. After examination doctor is giving them an appointment for abortion. Doctor asks if they were using a family planning method when she got pregnant. When he learns that they were not using a method, he tells them that he will give them family planning counseling. Aliye who is 34 years old has a daughter and a son, and she does not want to have any more children.

2. *Before Induced Abortion – Traditional Method Failure- Postabortion Family Planning Counseling*
   Mesude Savaci comes to the clinic at 9.00 hours for her appointment. She has been nervous since she came to the clinic with her husband last week to get an appointment for abortion. She is 28 years old and has 3 healthy kids all born with C section. This is her first unwanted pregnancy. She says his husband uses withdrawal and she does not understand how she got pregnant.

3. *Before Induced Abortion – Couple with no Children- Repeat Induced Abortions-Postabortion Family Planning Counseling*
   Zeynep and Iskender Kuloglu comes to the clinic for unwanted pregnancy. Zeynep says she had to have 3 abortions. They have been married for 3 years and do not want to have children for some more time. She asks the nurse, "I don't want to have another abortion. What should we do?".

4. *Before Induced Abortion – Single woman with no kids – Injectables Counseling*
   Hatice Gülçelik is given appointment for FP counseling and abortion last week when she came to the clinic with her boy friend. Last week she decided to use 3 monthly injectables, but she is worried as she heard bad things about injectables from her friends. Hatice is 25 years old and says that they are not thinking of getting married yet because of financial status.

5. *Before Induced Abortion – Married Woman – Repeat Induced Abortion – Abortion Complication – IUD Counseling*
   Ebru Satir comes to the clinic with her husband because of late period and learned that she is 5 weeks pregnant. She gets really angry and accuses the doctor: "I had an abortion last month. I was going to have IUD inserted, but they said I have infection and should come back after my period. And now I am pregnant again".

6. *After Induced Abortion – Married Woman – Method (Pill) Failure – Pill Counseling*
   Ayse Akilli just had an abortion. While she is in the recovery room, the nurse comes and asks if she wants to have more children. Ayse who is 23 years old says, they are planning to have another child after 2-3 years. She doesn't understand how she got pregnant while using the pill. Also as she had an urinary infection, she had less sexual relationship last month.

7. *After Induced Abortion – Couple – Postabortion Family Planning Counseling*
   Emine Ates who is 36 years old just had induced abortion. As she was about to leave the clinic, she heard from the nurse that she can get pregnant again if she does not use birth control. She has two grown up daughters and she does not want to have another child. Her husband Halit is waiting outside for her.

8. *After Induced Abortion – Single Woman-Septic Abortion-Postabortion Family Planning Counseling*

   Gülay Dizdar comes to the clinic with high fewer and bleeding, saying she is miscarrying. The doctor examines her tells that she has infection in her uterus. Gülay tells the doctor, she is not married and used a wire to loose the baby because she was afraid her family will find out. Hearing this, the doctor refers her to the gynaecology ward and tells her to come back to the FP clinic for counseling after she is treated. Gülay is back in the FP clinic now.

9. *After Induced Abortion-Married Woman-Abortion Complication-Postabortion Family Planning Counseling*
   Elif had 2 abortions before. This time on her third one, she had a lot of pain and the procedure lasted longer. Doctor tells her that there is infection in her uterus and prescribes her medication which she should use for 10 days and come back to the clinic for control. Doctor also tells her to see the nurse for family planning counseling before she leaves the clinic.

10. *After Induced Abortion- Married Woman-Method Failure-Postabortion Family Planning*
    Esra Yetisli who had a baby 4 months ago, is still nursing. She was thinking breastfeeding would protect her from getting pregnant but she found out that she is pregnant again and had an abortion today. The nurse approaches her, telling that she wants to talk about family planning with her.

MODULE 8 Involving Men in Postabortion Family Planning Counseling

Objectives

By the end of this module, participants should be able to:

- Explain the rationale for involving men in postabortion family planning counseling in Turkey.
- Describe how staff values and attitudes can affect counseling of male clients.
- Describe the benefits and challenges of providing individual counseling, couples counseling, or group education to men.
- Dispel men's common myths and misconceptions around male sexual functioning and contraception.
- List the characteristics of an effective counselor of men.
- Demonstrate postabortion counseling with men.

Time

2 hours 15 minutes - 3 hours

Advance Preparation

- Prepare slides or overheads for Rationale lecture
- Prepare "Agree, Disagree, Unsure" signs fo Values Calrification Exercise

ESTIMATED TIME	CONTENT	TRAINING TECHNIQUES	SPECIAL AIDS NEEDED
15 minutes	Rationale for Involving Men in PAC FP Counseling	Lecture	Overhead Projector
25 – 35 minutes	Values Clarification	Exercise	
30 - 40 minutes	Forms of Counseling Men	Group Study	
25 – 35 minutes	Sexual Function and Contraception Myths/Facts	Exercise	
15 - 25 minutes	Effective Counselors of Men	Brainstorm	
25 - 75 minutes	Role Playing Counseling with Men	Role Play	

Step 1 Introduction

Review the objectives with the participants.

Step 2 Rationale for Involving Men in Family Planning Counseling

LECTURE Why Involve Men in Family Planning?

Men are already involved

- As many as 30% of couples worldwide use contraceptive method – vasectomy, condoms, withdrawal, or periodic abstinence – that requires the active cooperation or participation of men.
- In Turkey, for example 34% of the country's married couples were using a method that requires the participation or cooperation of men.

Men and women want men to praticipate

- Many women and their partners have said they would like both partners to participate more fully in reproductive health counseling and services.
- Over 85% of women surveyed in the 1993 DHS in Turkey noted that their husbands were supportive of their contraceptive method.

Involving men makes sense

- Many men accompany their wives on visits to health care facilities and are involved in deciding when, where, and how partners will receive services.
- Men have an important say in decisions about family size and contraception in part due to Turkey's spousal consent requirement for abortion and sterilization services and the prevelance of traditional male contraceptive methods.
- The spousal consent requirement may serve as an opportunity for educating men about how to more actively support their partners in preventing future unintended pregnancies. Programs can effectively involve men in counseling services without subtracting from the resources needed to provide services for women – many men seem willing to obtain these services from a female dominated maternity hospital.
- Couples who choose abortion signal a clear desire to space or avoid future pregnancies – abortion services are often provided in the same setting as family planning services.
- From 1995-1998, between 98 and 99% couples who participated in pre-abortion counseling received a method after abortion (ZTB)
- In 1994, nearly 92% of clients (Konak) who came to the facility for abortion left with a modern family planning method and approximately 3% chose vasectomy.

Challenges to Involving Men

Men often lack access to services

- Men are often not included in education, counseling, and services in Turkey.
- Men generally only have brief contact with reproductive health care system.
- Fathers are noy usually permitted to be present during delivery and are often unsure of how they can help participate in infant care.

Men lack information about family planning and reproductive health

- While withdrawal is one of the most widely used forms of contraception in Turkey (44% of all abortion clients were using withdrawal at the same time they got pregnant), many men lack information about why the method often fails.
- Men most likely do not receive any information about the abortion procedure his wife undergoes or how the couple can avoid future abortions.
- There are many misconceptions about modern family planning methods – most men are not familiar with vasectomy before counseling.
- Couples do not have a general knowledge about reproductive physiology – myths about contraceptive methods abound – lot of misinformation about condoms – some men use them twice
- The belief that contraception is a woman's responsibility, lack of knowledge about vasectomy, and the attitudes of health care workers are often cited as reasons for the small number of vasectomy clients in Turkey

Step 3 Counselors' Values about Men's Participation and Their Effects on Counseling

Tell participants that they will now complete an exercise in which they examine their values around men's participation in family planning and reproductive health. Before they begin, emphasize that in this exercise there are no right or wrong values.

FORCED CHOICE Values Clarification

To complete this exercise, follow these steps:

1. Have participants read page X of the Participant's Handbook Values Clarification on Men's Participation in Reproductive Health. Give them 5 minutes to complete the worksheet

2. Point out the three areas of the room that have signs : Agree, Disagree, Undecided (See advanced preparation page 67)

3. Read a statement from the handout and ask participants to move to the area with the sign that reflects their opinion.

4. Ask for volunteers to explain the reasons behind their choices.

5. Repeat steps 3 and 4 of this exercise for as many statements as time permits.

6. Wrap up the exercise by asking the following questions and encouraging discussion about each :
   - Were you surprised by the responses of your peers?
   - How did you feel when you disagreed with other participants? How did you feel when others disagreed with you?.
   - How might our values and attitudes affect our ability to counsel male clients?.
   - What can a counselor do if his/her values and attitudes differ from a male client's attitudes?

7. Stress these additional points :
   - Even in this group of participants who have much in common (job functions and education levels), the exercise showed differences in values around men's participation.
   - Our values and attitudes can sometimes affect our ability to provide services to men.

Step 4 Forms of Counseling Men

Tell participants that they will now complete an exercise in which they will discuss the benefits and challenges of separate/ individual counseling, couples counseling, and group education.

GROUP STUDY Forms of Counseling Men

To complete this exercise, follow these steps :

1. Count off and divide the participants into groups of four.

2. Assign each group either "separate/individual counseling for men", "separate/individual counseling for women", "couples counseling", and "group education for men".

3. Ask the groups to discuss and list (on newsprint) the benefits and challenges of each form of postabortion family planning counseling (following the format of the chart on page 43 of the Participant's Handbook. Ask participants to think about the benefits and challenges both from the counselor's and the client's perspective.

4. Allow each group 20 minutes to write up their responses and then have each group present their findings to large group.

5. Wrap up the exercise by asking the following questions and encouraging discussion about each :

   - After listening to the benefits and challenges of each form of counseling, which form seems to be the most appropriate for postabortion family planning counseling? Does it differ for men and women? Does one form stand out as better than another or might you recommend more than one form of counseling?
   - Which form of counseling are you most comfortable with? Which form presents the greatest challenge for you?

6. Stress these points :

- There is no clear evidence on whether individual, single-sex group-oriented education, couples counseling, or some combination of the two is the most appropriate for the transmission of family planning information.
- Separate counseling for men alone may increase's men's comfort around confidentiality and reduce embarrassment around asking questions about sexuality.
- Separate counseling for women may be appropriate in situations where the man clearly plays a dominant role in the decision-making and the woman does not feel comfortable asserting her wishes in his presence.
- Couples counseling allows both partners on the spot feedback to their questions in a session that is tailored to the couple's specific needs.
- Group education for men allows men to ask questions about family planning that they may not feel comfortable asking in a mixed group and provides validation that other men might share similar concerns and fears around sexuality and reproductive health.

Step 5 Addressing Men's Myths and Misconceptions Around Sexual Functioning and Contraception

Tell participants that they will now complete an exercise in which they will dispel myths and misconceptions around male sexuality, sexual functioning, and contraception.

EXERCISE **Sexuality, Sexual Functioning, and Contraception Myth/Fact Sheet**

To complete this exercise, follow these steps:

1. Have participants read the myth/fact statements on page 45 of the Participant's Handbook. Ask them to briefly decide whether they think each statement is a myth or fact and check the appropriate box. Give participants 5 minutes to complete the page.

2. If there are fewer than 10 participants, go around the room and have participants read a statement and explain their answer. Allow others to comment on the statements. If there are more than 10 participants, ask for volunteers to read and answer each individual statement.

3. After the group has read statement, clarify any information using the answer key on page 46 of the Participant's Handbook.

4. Wrap up the exercise by asking the following questions and encouraging discussion about each :

   - Why do you think men or women might believe so many myths about sexuality, sexual functioning, or contraception?
   - How might the belief in one or more of these myths affect the sexual health of men, women, or couples?
   - Why do you think men may be reluctant to ask questions about sexual functioning and contraception?
   - How might your approach to clarifying these myths with men differ, if at all, than when you counsel women?

5. Stress these additional points :

   - Men are often socialized to know it all when it comes to sex, to be experts on sex, and to not ask questions.
   - Men are not often provided with information about their sexual health or functioning. Unlike women, there are no routine reproductive health examinations for men.
   - Beliefs in one or more of these myths may prevent men and women from using contraception correctly, if at all, and may delay treatment for sexually transmitted infections.
   - Men may not be willing to ask questions and so it may be necessary to volunteer information in a manner that makes it okay for men not to know. For example, "You probably already

know this, but…" or "Some men I have counseled in the past asked" or "Sometimes men are concerned about…"

Step 6 Characteristics of an Effective Counselor of Men

Tell participants that they will now complete an exercise in which they will discuss the characteristics of an effective counselor of men..

BRAINSTORM **Brainstorming Characteristics in a Dyad**

To complete this exercise, follow these steps :

1. Break the group into dyads (groups of two) and ask them to discuss what characteristics a counselor should possess to be an effective counselor of men.

2. Allow each dyad ten minutes to discuss their views and then ask the groups to share their responses.

3. Write down the responses on flipchart paper under the heading "An Effective Counselor of Men". Ask the group to clarify responses and facilitate a group consensus of the characteristics.

4. Wrap up the exercise by asking the following questions and encouraging discussion about each :

   - What surprises you about this list?
   - What differences, if any, do you recognize in being an effective counselor of men versus an effective counselor of women?
   - What would you consider your strengths in counseling men? What challenges might you need to address? What additional training may you need?

5. Review the chart "An Effective Counselor of Men on page X of the Participant's Handbook" :

Step 7 Postabortion Family Planning Counseling – Involving Men –Practice

Tell participants that they will be role playing postabortion family planning counseling scenarios that involve a woman's husband. One group will role play individual counseling for a woman, one will role

play individual counseling for a man, one will role play couples counseling, and one will role play group education for men.

ROLE PLAY **Role Playing Counseling Scenarios with Men**

1. Divide participants into four groups of three. If there are more than 12 participants, have the rest of the participants assigned to group four, group education.

2. In groups one and two, there will be a counselor, client, and observer (participants can decide who will play what role).

3. In group three, there will be a counselor and two clients, a husband and wife.

4. In group four, there will be an educator and the rest of the group will play male clients.

5. Ask those playing the clients to turn to page 50 of the Participant's Handbook to review the role play scenario – ask those playing counselors and observers not to read the scenario.

6. The observer will observe the counselor and the client and later comment on what worked well, what seemed challenging. The groups without observers will comment on their own performance.

7. Once the clients have read their roles, the role plays can begin. Allow the groups 15 minutes to role play and go around the room to observe how the groups are doing.

8. At the conclusion of the role play ask each group to describe their counseling scenario (individual, couples, group education) and then discuss these questions :

   - Counselors : What worked well for you? What was challenging?
   - Observers : What did you notice about the counseling session?
   - Clients : How were your needs met during the counseling session? How did you feel?

ROLE PLAYS for POSTABORTION FAMILY PLANNING PRACTICE – INVOLVING MEN

Mesude and Halit Savaci

Mesude Savaci comes to the clinic at 9:00 hours with her husband Halit for her appointment. She has been nervous since she came to the clinic with her husband last week to get an

appointment for abortion. She is 28 years old and has 3 healthy kids all born with C section. This is her first unwanted pregnancy. She says her husband uses withdrawal and neither one of them understands how she got pregnant. The husband is very suspicious of this pregnancy because they have always used withdrawal and his wife has not gotten pregnant this way in the past. Mesude has always been faithful to her husband and has tried to convince him to use more reliable methods, but he always seems to get angry when she brings the issue up.

Group 1: Counseling Mesude by herself while her husband Halit sits in the waiting room.

One participant plays the role of counselor, one as Mesude, the other an observer.

Group 2: Counseling Halit by himself while Mesude receives separate counseling.

One participant plays the role of the counselor, one as Halit, the other an observer.

Group 3: Couples counseling, both Mesude and Halit

One participant plays the role of counselor, one as Mesude, and one as Halit

Group 4: Group education for men, including Halit

One participant plays the role of group educator, one as Halit, the rest as other men also learning about withdrawal.

MODULE 9 Infection Prevention

Objectives

By the end of this module, participants should be able to:

- Describe how hands are washed hygienically.
- Tell which type of gloves should be used for different kinds of procedures.
- Explain why decontamination is performed.
- Tell how waste should be disposed.

Time

55 minutes

Advance Preparation

- Flipchart paper, marker
- Overhead Projector
- Transparencies
- Write 5 steps of infection prevention on flipchart paper.
- Post the Infection Prevention poster on a wall everyone can see.

ESTIMATED TIME	CONTENT	TRAINING TECHNIQUES	SPECIAL AIDS NEEDED
10 minutes	Definitions	Question-Answer	
45 minutes	Infection Prevention Steps	Question-Answer	Infection Prevention Poster

Step 1 Introduction

In this module measures health care providers should take to prevent transmission of viruses mainly like HIV (human immuno deficiency virus) and HBV (hepatite B virus) through body fluids and blood and also rules to follow when processing used equipments and instruments are covered.

Health care providers should follow these measures and rules to protect **themselves** from infection. Moreover in order to establish service quality in health care facilities, cleaning of used equipments and materials should be performed according to universal standards.

Review the objectives with the participants.

Step 2 Definitions

QUESTION-ANSWER First ask the following terms to the participants and then explain these basic concepts.

Asepsis: A general term used in health care settings to describe the combination of efforts made to prevent entry of microorganisms into any area of the body where they are likely to cause infection. The goal of asepsis is to reduce or eliminate the number of microorganisms on both animate (skin, tissue) and inanimate (surgical instruments) objects to a safe level.

Antisepsis: is the prevention of infection by killing or inhibiting the growth of microorganisms on skin and other body tissues.

Decontamination: is the process that makes instruments safer to be handled by staff, especially cleaning personnel, before cleaning. Such objects include large surfaces (e.g., pelvic examination or operating tables) and surgical instruments and gloves contaminated with blood or body fluids during or following surgical procedures.

Cleaning: is the process that physically removes all visible blood, body fluids or any other foreign material such as dust or soil from skin or inanimate objects.

Disinfection: is the process that eliminated most, but not all, disease causing microorganisms from inanimate objects. **High-level disinfection** (HLD) through boiling or the use of chemicals, eliminates all microorganisms except some bacterial endospores.

High-level Disinfection (HLD): **eliminates all bacteria, viruses and fungi except spores.**

Sterilization: is the process that eliminates **all** microorganisms(bacteria, viruses, fungi and parasites), including bacterial endospores from inanimate objects.

Step 3 Infection Prevention Steps

QUESTION-ANSWER Show participants the flipchart where you have written the steps of infection prevention and explain them. While you are explaining the steps point on the infection prevention poster the related sections.

1. Hand washing

Hygienical hand washing is the process of washing hands under running water with liquid soap or with a clean soap staying on a strain, for about 15-30 seconds rubbing and then rinsing of hands and drying them with a personal clean towel or paper towel.

Wash your hands:

- Before and after client examination,
- Before putting on sterile or high-level disinfected gloves for surgical procedures,
- After any situation in which hand may be contaminated, such as:
  - Handling objects like used instruments.
  - Touching mucous membranes, blood and body fluids (secretions or excretions) and
  - Removing gloves.

2. Use of Gloves

As a precaution, gloves should be worn by all staff prior to contact with blood and body fluids from any client.

Different types of gloves should be used for different medical or cleaning procedures:

- Use *high-level disinfected* disposable or reusable gloves for performing medical procedures such as pelvic exams, inserting or removing IUDs, or touching wounds or open sores.

  Use sterile gloves when performing surgical procedures such as minilaparotomy or insertion and removal of Norplant® implants. When sterilization facilities are not available, gloves can be high-level disinfected by boiling. Remember boiling even for a couple of hours does not reliably kill all bacterial endospores.

- Use clean thick household (utility) gloves for cleaning instruments and equipment, as well as contaminated surfaces..

3. Use of Antiseptics and Disinfectants

Use of Antiseptic Solution

Antiseptic solutions are used for antisepsis, i.e., for killing or inhibiting the growth of microorganisms on skin and other body tissues.

Use antiseptic solutions for surgical scrub and/or skin or vaginal preparation for procedures such as minilaparotomy, laparoscopy, vasectomy, Norplant® insertion and removal, IUD insertion and injections.

Following are safe skin antiseptic solutions

- Alcohols (70%): ethyl, isopropyl or methyl alcohol.
- Various concentrations of cetrimide+chlorhexidine gluconade.
- Chlorhexidine gluconade (4%),
- Various concentrations of parachloroxilenole or chloroxilenole,
- Hexachlorophene (3%),
- Iodine preparations (2-3%),
- Various concentrations of iodopors.

Benzalconium chloride and solution containing mercury should never be used because of their negative effects although they are antiseptics.

Use of Disinfectants

Disinfection is the process that eliminates most, but not all, disease causing microorganisms from inanimate objects. This process is usually performed with liquid chemical elements or wet pasteurization.

Its effect depends on many factors. The most important among them is cleaning the instruments before processing. If body fluids like blood and mucous stays on the instruments, a successful disinfection can not be performed. Other factors include, level of microbial contamination, disinfection time and concentration used, shape of instrument (many cornered, curved or with lumen), pH level or disinfection procedure.

Disinfectants

Disinfectants include alcohol, chlorine and chlorine combinations, formaldehyde, glutaraldehyde, hydrogen peroxide, iodophors, fenolics and quartarner ammonium compounds. Remember that use of all disinfectants are different.

Antiseptics that should not be used as disinfectants:

- Acridine derivatives (gentian or crystal violet),

- Cetrimide,
- Chlorinated lime and boric acid,
- Chlorhexidine gluconate,
- Cetrimide with chlorhexidine gluconate- different concentrations,
- Chloroxylenol,
- Mercury compounds (even though they are low level disinfectants they cause birth defects and as antiseptics they are toxic).

Moreover, 1-2% phenol and 5% carbolic acid and benzalconium chloride should not be used as disinfectants.

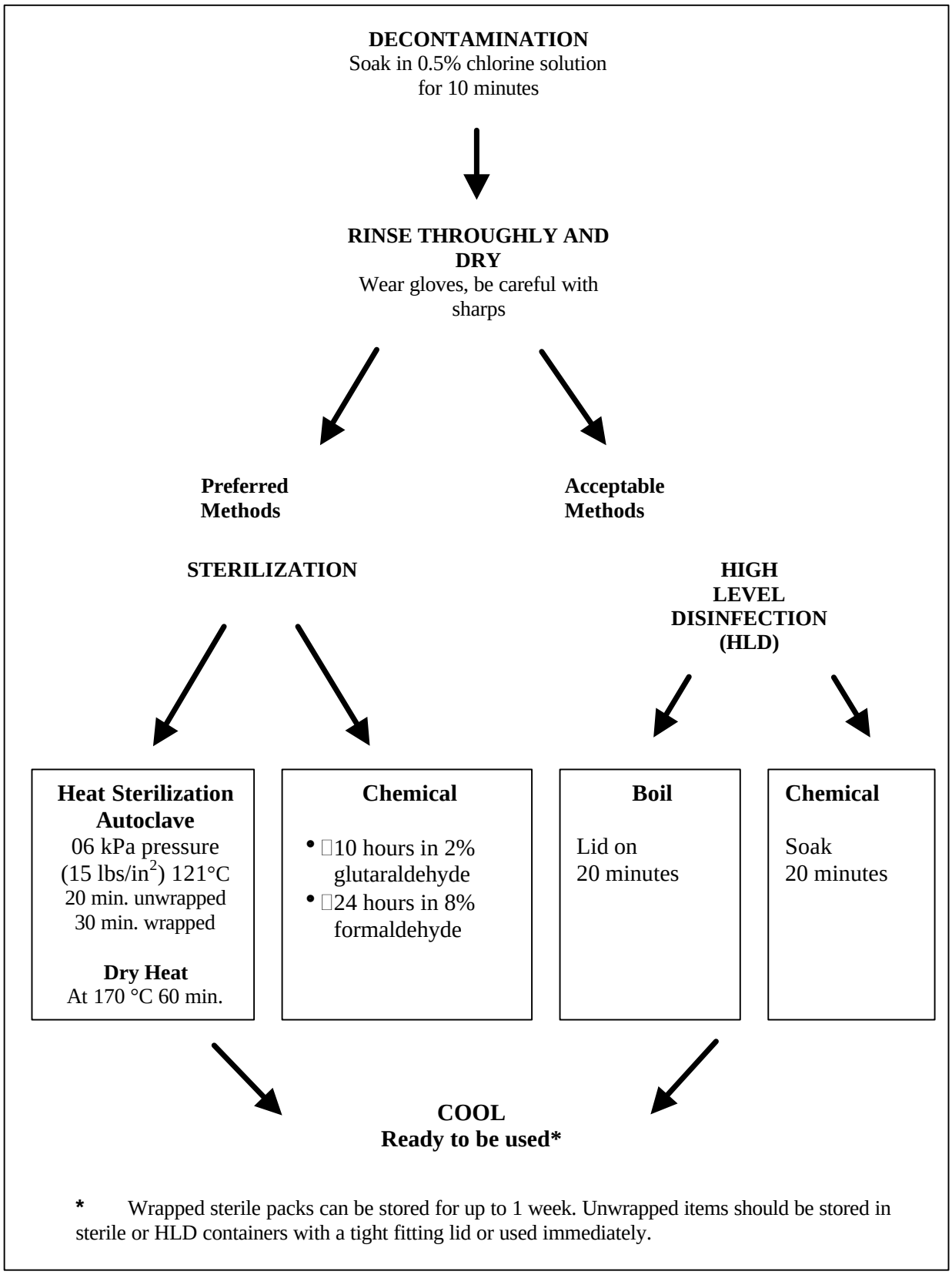
4. Processing Used Instruments (Decontamination/ High-level Disinfection / Sterilization)

After use of reusable IUD insertion kits (like speculum, tenaculum, hysterometer, ring forceps, scissors), Norplant® insertion kits, NSV kits, surgical instruments for tubal ligation process them as follows:

- Decontaminate by soaking for 10 minutes in 0.5% chlorine solution.
- Wash with soap and water, rinse 3 times with clean water.
- If you have the appropriate conditions prefer sterilization. Reusable instruments should be sterilized in autoclave or with dry heat.
- If you don't have the appropriate conditions for sterilization, use high level disinfection

Figure 3

Processing Instruments, Gloves and Other Items



* Wrapped sterile packs can be stored for up to 1 week. Unwrapped items should be stored in sterile or HLD containers with a tight fitting lid or used immediately.

1. Decontamination:

- DECONTAMINATE all used items including gloves by soaking in chlorine solution for 10 minutes. The solution should cover all items.

Preparing 0.5% chlorine solution from bleach (sodium hypochloride solution)

Bleach commonly used in household in Turkey contains 5% chlorine solution. 0.5% chlorine solution can be prepared by mixing 1 cup of bleach with 9 cups of water.

Plastic bucket containing the decontamination solution should be placed next to the gynecological table and all used materials should be put in it. When the solution gets visibly blurred, it should be replaced (at least once every day). In clinic with high patient load, it can be difficult to follow how long which instrument is soaked in the decontamination solution. In such situations, used instruments are put in an empty bucket. When there are enough number of instruments in the bucket, the decontamination solution is put in the bucket and instruments are soaked for 10 minutes and decontaminated.

- **After** decontamination RINSE the instruments.
- WIPE the examination table after every patient with 0.5% chlorine solution.

The cleaning personnel should always wear thick utility gloves when working.

2. Washing (Cleaning)

- Clean the organic materials on syringes and canulles with ***lukewarm water and detergent or with liquid soap***. Do not use hot water because it coagulates proteins and do not use bar soap as it leaves particles.
- Use **thick utility gloves** when cleaning instruments.
- When you are finished, leave the gloves **clean** for the following day.
- Avoid splitting to the eye during the cleaning process, if possible use a transparent shield.
- In order to prevent spread of microorganisms fill the sink with water, soak the instruments thoroughly in the water and brush under the water.
- Clean the metal instruments with a soft brush.
- After cleaning the instruments rinse them thoroughly with clean water – so that detergent remains and chemical disinfectants can not react. Wet instruments put into chemical solutions decrease the concentration of disinfectants. For this reason, after rinsing air dry the instruments or use a paper towel.

- There is no need to dry parts which will be chemically sterilized or boiled. Only decontamination and cleaning is enough for instruments which do not have direct contact with patient tissues.

3. Sterilization and High-level Disinfection

Whenever possible, the safest way for instruments which had direct contact with blood and body tissues is sterilization. If sterilization is not possible, HLD will also be sufficient. HLD eliminates all microorganisms including HIV and HBV, except endospores.

For high-level disinfection reusable instruments and equipment are boiled for 20 minutes at the boiling point in a container with a lid and air dried. Instruments which will not be used right away, should be stored in a sterile or HLD container. Other than boiling, chemical disinfection is also possible.

For HLD of a metal container , if the container is small it should be boiled, if big it should be soaked for 20 minutes in a plastic container filled with 0.5% chlorine solution. The chlorine solution can be reused in another container. The container should be thoroughly rinsed with sterile water or with boiled water. It should be air dried.

Storage of Instruments

Whenever possible, sterilize the containers where reusable equipment and instruments are kept, if sterilization is not possible use HLD.

5. Waste Disposal

Waste soiled with blood or other body fluids like cotton and dressings should be put in a leak proof plastic bag or container with a leak proof lid and should be destroyed with appropriate methods.

Do not trash contaminated materials in general garbage bins.

After using single use needle and syringes;

- Collect them in a puncture resistant container; when ¾ of the container is full destroy it burning or burying.
- Even if they are cleaned don't use cap covers of disposable syringes.
- Do not bend or break needles prior to disposal.
- Never reuse disposable needles, syringes and gloves.

MODULE 10 Action Plan

Objectives

By the end of this module, participants should be able to:

- Identify problems preventing them from providing quality family planning services.
- Suggest solutions for problems.
- Make an action plan based on problems and solutions identified.

Time

2 hours 35 minutes – 4 hours

Advance Preparation

- Flipchart paper, overhead projector, marker, transparancies.
- Draw the action plan table on flipchart paper.
- Have enough number of flipchart paper and markers for all working groups (instead of flipchart paper transparencies and transparency pens can also be used).
- Organize a meeting room big enough for other staff of the site to participate in the action plan meeting.
- Make the necessary arrangements for other staff of the site to be present at the action plan meeting.

ESTIMATED TIME	CONTENT	TRAINING TECHNIQUES	SPECIAL AIDS NEEDED
20 - 30 minutes	Action Plan	Lecture	2 flipcharts prepared in advance
90 - 120 minutes	Preparation of Action Plan	Group study	Self-assessment guidelines
45 – 90 minutes	Presentation of Action Plan	Presentation Discussion	

Step 1 Introduction

Step 2 Action Plan

Explain participants that they will work in groups to prepare an action plan. Emphasize that their objective is to find solutions for obstacles in front of them for providing quality services. Show them the action plan chart (Table 5) you draw in advance on flip chart paper.

Table 5
Action Plan Chart

PROBLEM	SOLUTION	RESPONSIBLE PERSON	DATE

Then show them a prepared action plan (Table 6) and explain the below:

Table 6
Sample Action Plan

PROBLEM	SOLUTION	RESPONSIBLE PERSON	DATE
1. Some abortion clients leave the hospital without a method.	1.1 Nurse Ayse will refer the clients to the counselor after registration.	Nurse Ayse	Tomorrow 16.5.1998
	1.2 After the abortion procedure, during discharge client will be asked if she received counseling. If not, counseling will be given and if appropriate a method will be provided.	Dr. Nevin	Tomorrow 16.5.1998
2. There are no postabortion brochures for abortion clients.	2.1 Talk with the head doctor for obtaining brochures, write a memo if necessary.	Nurse Aysen	21.5.1998
	2.2 Call Dr. Feride Avci from MCHFP Department of the Health Directorate.	Dr. Hakan	20.5.1988

Action Plan consists of 4 headings and 4 columns under these headings. The objective of the action plan is to encourage health

care providers to find solutions to the problems with their own sources and to create a matris so that they can implement these solutions and follow them.

*In the first column **problems** are identified. It is not easy to identify a problem. It is necessary to define the cause of the problem clearly with details. Usually there is a tendency to define the signs of the problem or the solutions suggested for this problem, which is wrong. For example:*

*"Speculums are not decontaminated" – **SIGN***

This expression defines a sign of the problem. The real problem is not this. When a sign instead of the real problem is written in this column, unnecessary discussions arise in the following steps as focusing gets harder and time is lost.

*"It is necessary to buy a bucket for decontamination" – **SOLUTION***

In this expresion solution instead of the problem is identified. When a solution is written in the problems column, the group gets directed towards only one way and other possible solutions are ignored. For example when the problem is identified as the need to buy a bucket, the group will not come up with the idea of using an available bucket in the clinic.

*"There is no bucket to decontaminate speculums." – **PROBLEM***

In this expression the problem is clearly identified. During the solution step, the whole group will clearly understand what the problem is, so they will be able to suggest solutions quickly.

*The **solutions** are stated in the second column. Solutions are written across each problem separately. More than one solution can be suggested for a problem. At the end of the group study, one or a couple of most effective solutions are selected. The suggested solutions need to be clearly defined. If not, the responsible person who will be identified at the next step, will not know how to follow-up the issue. Whie "a bucket will be provided" is an ambiguos suggestion, an expression like "head nurse will be consulted and asked if there are any buckets in the storage" is a very clearly identified solution. The solutions need to be realistic. They should be suggested taking in to consideration the conditions of the site. To have a solution which the group can achieve with own efforts is the most important thing. To expect all solutions from the management is not a realistic approach.*

*The **responsible person** is identified in the third column. The responsible person is not the one to implement the solution, but the one who will follow. The responsibility of following-up is given to this*

person. This person does not need to be a manager or a doctor. Someone among the group is identified as the responsinble person when his/her consent is taken. The group should be careful not to give all responsibilities to the same person.

The expected date for the solution to take effect is written in the fourth and last column. This needs to be realistic date. For example, to look for buckets in the storage will take half an hour while asking the health directorate for equipments will require a longer period of time.

As a sample you can show the prepared action plan in Table 4 to the participants. Moreover you can fill in the empty table on the flipchart with the problems and solutions put forward by the participants.

Emphasize that participants should try to come up with solutions which they can implement with own sources. Tell them that they can post the action plan in their wards and follow their improvements towards solutions.

Step 3 Preparation of The Action Plan

Divide participants according to their work places. Try to have the staff working together in the same group. The ideal groups are between 5-8 people. If there needs to be staff from different wards in the groups, try them at least to be from neighbouring (both functionally and physically) departments.

Distribute the self assessment guides (App. 1), flipchart papers and markers to the participants. Give them 2 hours for reading the guide, think, discuss and prepare the action plan.

Explain that the self assessment guide will help them to realize some problems and that they can be many other problems not stated in the guide.

Each group will select a chairman and a reporter (to write and present). At the end of 2 hours all groups will present their action plans to the participants (and preferably to managers) and there will be a discussion.

When the groups are preparing the action plans, go around them to provide feedback on what they have been doing. Help them to examine the problems and solutions they came up with re clarity and reality. You can use App. 2 for this.

Step 4 Presentation of Action Plan

The action plans should preferably be presented to hospital managers and to all participants. During this meeting try to establish an atmosphere where everyone can express their ideas. (If necessary, talk with the managers before the meeting to emphasize the importance of such an open atmosphere)

Ask all groups to present their action plans. In order to avoid repititions, emphasize groups not to present problems expressed by other groups and only to express different problems. After presentation of each group ask other participants' opinion and contributions. During the discussions help participants to focus on solutions which can be performed. When necessary, ask for the opinions of managers, so that their support is taken.

At the end of presentations, thank all participants and close the training program.

APPENDIX 1 Self Assessment Guide for Group Study

CLIENT RIGHTS

1. RIGHT FOR INFORMATION

1. Are there any signs showing where family planning services are provided?
2. Are fees for family planning services posted?
3. Do all abortion clients receive family planning counseling before the procedure?
4. Are other reproductive health services (like smear test, breast exam) and how to access them mentioned during counseling?
5. Are there any posters on reproductive health issues (like postabortion family planning) which can inform clients while they are waiting on a line or resting, etc?
6. Are brochures on each family planning method available which clients can take home?

2. RIGHT FOR ACCESS TO SERVICE

1. Are family planning services available in the clinic where the abortions performed, or are the clients referred to appropriate places?
   Pill - Is it prescribed or given?
   Condom – Are clients directed to pharmacies?
   IUD – Is it available?
   Injectable – Is it prescribed or given at the clinic?
   Tubal ligation – Is it performed at site or are clients referred?
   Vasectomy – Is it performed at site or are the clients referred?
2. Are all reproductive health services that the abortion clients may need (like family planning, smear test, breast exam, STD screening, etc) available at the clinic?

3. RIGHT FOR GOOD COMMUNICATION

1. Are clients treated as you would have liked to be treated? Do all staff (including doctors, midwives, nurses, doorkeepers, receptionists, medical staff, accounting staff, pharmacy staff and others) treat clients friendly, kindly?
2. Do staff use the language clients would understand?
3. Do staff encourage clients to ask questions?
4. Do staff ask clients if they understood the information given and have them repeat the important information to make sure they have understood?

4. RIGHT FOR COUNSELING AND MAKING A DECISION

1. Is enough amount of time allocated for family planning?
2. When counseling abortion clients, is it emphasized that client can get pregnant immediately after abortion and that fertility returns immediately?
3. Are clients informed about warning signs of complications?
4. Are clients told to come to the clinic in case of these signs without waiting the follow-up date?
5. Is counseling on all family planning methods (temporary, long-acting, permanent methods) given to clients appropriate to their reproductive aim, life style, sexual life, breast feeding and reproductive health status (postabortion, postpartum, pre menopause)?
6. Are clients informed on effectivity of methods?
7. Do staff inform clients if methods protect against HIV and other STDs?
8. Do staff inform clients on contraindications or side effects of the service, treatment or family planning method client selected?
9. Do the counselor remind client that she/he can come back to the clinic in case of a problem?
10. Is special care given to clients with special needs (like women with repeat abortions, women who are at risk if pregnant, women who should not give birth or have abortion, adolescents, young adults, women with more that one partner, women who did not space between pregnancies)?

5. RIGHT FOR PRIVACY AND CONFIDENTIALITY

1. Is there audial and visual private space for counseling at your clinic?
2. Do women's privacy respected during physical examination?
3. Do staff respect clients' privacy and confidentiality by not talking about them with colleagues (except for clinical advice) and by not giving information to their relatives when clients do not want to.

6. RIGHT FOR RESPECT AND COMFORT

1. Do staff take into consideration clients' pride and comfort during physical examination and other procedures?
2. Do staff respect clients' opinions even if they are against their own?
3. Is there enough number of staff when the clinic is most crowded?
4. Do you think that the waiting time is acceptable? Is everything that can be done, done to make the waiting time shorter?

5. Below is a list of the places clients may use in the clinic. Are these areas, appropriate, sufficient, well organized, clean, good ventilated and have adequate lighting?
   - Toilets
   - Reception
   - Counseling areas
   - Waiting areas
   - Examination rooms
   - Pharmacies
   - Clinical rooms for procedures
   - Gynecology department
   - Delivery department
   - Delivery room
   - Recovery rooms

7. RIGHT FOR SAFE SERVICES

1. Do staff have guidelines, charts, posters or handbooks on infection prevention?
2. Do staff understand and perform things needed to be done to protect themselves and others?
3. Do staff wash hands before and between all procedures and after touching waste materials?
4. Do staff always wear gloves for pelvic exam and procedures?
5. Do staff use clean different pair of gloves for each patient?
6. Are there containers filled with 0.5% chlorine solution in each exam and procedure room for decontamination of instruments, gloves and medical waste?
7. Is medical waste collected in different bags; Does the municipality collect medical waste separating them from home waste?
8. Are disposable needles and syringes used?
9. Are sterile and HLD gloves available every time necessary?
10. Are needles and other sharp materials collected in puncture proof containers?
11. Do staff know how to prepare 0.5% chlorine solution with 5% bleach?
12. Are reusable equipment and materials decontaminated in 0.5% chlorine solution before processing?
13. Are equipment and materials washed with water with detergent and rinsed thoroughly after decontamination?
14. Do staff wear thick utility gloves to clean soiled instruments and when dealing with contaminated waste?

15. Are solid surfaces (examination and operation tables) cleaned with 0.5% chlorine solution after each procedure.
16. Are reusable materials sterilized or high level disinfected before reuse?
17. Do staff understand and perform high level disinfection methods (Cidex, Chlorine, boiling for 20 minutes)?
18. Are there equipments for sterilization of reusable materials, are they working?
19. Are there chemical materials necessary for sterilization and high level disinfection, are these chemical materials correctly used?

8. RIGHT FOR CONTINUOUS SERVICES

1. Is there a program for routine follow-up of all procedures?
2. Are records kept for the family planning services provided to abortion clients?
3. Are family planning methods (oral contraceptives, tubal ligation, IUD, condom) available/prescribed and provided every day at the clinic?
4. Are all postabortion clients told to come back for follow-up?
5. Are family planning counseling and services always provided to women during follow-up visits?

APPENDIX 2 Guidelines for Trainers for Action Plan Preparation

If the staff are having difficulties in identifying the source of the problem.
Is there really a problem?, Why does this create a problem? Are there any undelying things?, What does the staff think as the source of the problem?, Does this problem prevent clients to receive quality services?, Would the listed solutions improve services?

If the staff did not look for all possible solutions for the problem.
Is this the best suggestion for a solution or is there a more efficient or easier way of solving?

If the responsible person assigned is not the best selection.
Is this the most appropriate person to be responsible from implementing the solution suggestion?

Is the time frame logical?
Is the time given for solution appropriate or should it be changed?

If the staff is not happy with what has been assigned to them.
Is there anybody who thinks she/he is given a duty they can not perform?

If the problem identified is not clear.
Is the problem put forward in a concrete way? (For example: an expresion like “The water pipe broke down” is more concrete than an expresion like “The water pressure is not enough”.

If some of the solutions are assigned to be performed by another institution?
Are there any alternative solutions that the staff themselves can perform? Who will be responsible from communicating with the outside institution? Are duties that the staff from the clinic can perform given to clinic staff?

If too many duties are assigned to one person or institution.
Is it possible for this one person to solve these problems in the given time frame? Can other staff be assigned for solutions to be achieved in a shorter time frame?